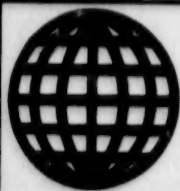


JPRS-TEP-89-018
11 DECEMBER 1989



**FOREIGN
BROADCAST
INFORMATION
SERVICE**

JPRS Report

Epidemiology

AIDS

Epidemiology

AIDS

JPRS-TEP-89-018

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11 DECEMBER 1989

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CHAD

Workshop Against Spread of AIDS Launched

90WE0009A N'Djamena AL-WATAN in French
23-29 Sep 89 pp 2-3

[Article by B. Mahamat Ngartomia: "AIDS Prevention in Chad: Information, Education and Communication the Only Remedies for Now"]

[Text] On 20 September 1989 Mr Kotiga Guerina, minister of public health, officially opened the workshop on information, education, and communication for the prevention of AIDS in Chad, which was attended by a large number of invitees at the N'Djamena headquarters of CEFOD [expansion not provided]. For 4 days workshop participants from many walks of life had a chance to deliberate over the new battle plan to be adopted against the AIDS virus.

The workshop, held in the CEFOD lecture room, brought together some 50 participants, among whom were technicians from the Ministry of Public Health; leaders and officials in the fields of communications and education; journalists, educators, and representatives of international organizations and NGO's [non-governmental organizations]. The main objectives of the workshop were to hear the opinions of the various participants on how to design a new strategy for the battle against AIDS, to sensitize employees in the public and private sectors in order to get them involved in the educational side of AIDS prevention, and to improve the current campaign of information, education, and communication by taking it in a new direction.

Four speeches were made at the workshop's solemn opening session. Dr Buriot, the WHO [World Health Organization] representative in Chad, said the workshop was an event of capital importance since its task will be to identify the public information strategies that in his view will be the "backbone" of the struggle against AIDS in Chad. This means that we must commit ourselves collectively and individually to the struggle, in accordance with the Alma-Ata declaration on primary health care.

UNICEF's [United Nations Children's Fund] permanent representative, Mr Alan Court, expressed his agency's sincere hope that the workshop would lead to an effective and appropriate methodology, given the pernicious effects of AIDS on the health of mothers and children.

Similar expressions of concern came from officials of the EEC [European Economic Community] and USAID [U.S. Agency for International Development]. Mr Patrice, speaking on behalf of the EDF-CEE [European Development Fund-European Economic Community], and Mr Sam Zomri of USAID noted with satisfaction that the most effective means of combating AIDS is still prevention, a goal that will require mobilization of all possible resources.

The Commission of the European Communities, for example, has been involved in AIDS prevention in Chad through its support for the rehabilitation and operations of the blood bank at N'Djamena's main hospital, since blood transfusions are one of the principal means by which the malady is transmitted. USAID has provided assistance to Chad in the form of a consignment of contraceptives to be used in the AIDS program. An additional shipment of 60,000 condoms (sheaths) is apparently on the way.

But according to Mr Guerina, the minister of public health, AIDS is a global scourge of unprecedented scope. It poses the greatest public health challenge the world has ever faced. That is why the present workshop—which follows a psychological-sociological survey taken in Chad in October 1988 and February 1989—is needed to help establish a valuable baseline for further in-depth consideration of the very foundations of our efforts to introduce to the Chadian community the behavioral modifications that could help stop the spread of the AIDS virus in Chad.

The contributions made by the communications experts sent by WHO, as well as the various cadres, technicians, and political and religious authorities attending the workshop, will undoubtedly help build a new approach to the struggle against the grave threat AIDS poses to our country.

We will learn more from the resolutions and recommendations that come out of the workshop's deliberations.

NIGERIA

181 HIV Carriers Reported Nationwide

54000107a Lagos DAILY TIMES in English
6 Sep 89 p 16

[Article by Femi Ajayi, Science Editor: "181 HIV Carriers Now in Nigeria"]

[Text] There are now 181 carriers of the Human Immuno-Deficiency Virus (HIV), that causes the deadly Acquired Immune Deficiency Syndrome (AIDS) in the country.

Also the country has to date recorded 35 AIDS cases (people who developed full-blown AIDS) since the AIDS screening and monitoring exercise started.

These figures, an August ending up-date of the AIDS picture in the country, represent more than 150 percent increase over the figures of last, just months ago, when the country had 71 HIV carriers and 15 AIDS patients.

By April ending, 14 AIDS patients had died while two more AIDS-caused deaths (bringing the total to 16) occurred within the last four months.

Table showing the increase in number of AIDS-virus carriers over a four month period.

Months	No. of Person Screened	No. of HIV Carriers	No. of AIDS Patients	No. Already Dead
April Ending	30,169	71	15	14
August Ending	49,838	181	35	16

SOUTH AFRICA**AIDS Brochure Available in Nine Languages**

54000005b Johannesburg *THE CITIZEN* in English
18 Sep 89 p 11

[Article: "AIDS Brochure Available in 9 SA Languages"]

[Excerpt] A new information brochure on AIDS, distributed by the Department of Health and Population Development, is available from today to broaden public awareness on the virus.

Dr Coen Slabber, Director-General of National Health and Population Development said: "The spread of AIDS can be fought only through education aimed at promoting safer behavioural patterns."

The country wide distributed brochure was written in layman's language.

Two and a half million copies were printed in the following languages—English, Afrikaans, Zulu, Xhosa, Tswana, North-Sotho, South-Sotho, Tsonga and Venda. [passage omitted]

Migrant Labor System Blamed for AIDS

54000005a Johannesburg *THE CITIZEN* in English
18 Sep 89 p 11

[Article: "Migratory Labour System Blamed for AIDS"]

[Excerpt] King Zwelithini Goodwill and KwaZulu Chief Minister Mangosuthu Buthelezi yesterday attacked the migratory labour system for the erosion of family life, which led to sexual license.

Speaking at the annual celebration of the Reed Dance at Nongoma, the King of the Zulus called for a return to sexual morality to avoid the extinction of entire populations by AIDS.

The king said young girls were the only salvation from the ravages of AIDS and called on them to refuse to have sex outside marriage and with anyone "who has loose sexual morals and sleeps with any women he can get hold of".

He warned those who did not heed his warning: "You will die. You will cause your children to die. You will cause your husband to die and you will bring shame on the nation".

King Zwelithini said moral decay was more of a threat than politics.

The migrant labour system had damaged the solidarity of local communities and robbed families of the men who should have been there to maintain social and religious discipline.

In the consequent sprawling urban communities and ghettos, lack of family control led migrant workers, hungry for female company, to prey on innocent girls.

"Illegitimacy in places like Soweto rose rapidly and finally reached a plateau along which something like 60 percent of children were born illegitimately."

The Zulu monarch quoted statistics reflecting the spread of AIDS, which was a directly result of lax morals, and said, "I want to warn the nation ... and very particularly the young maidens of today, that unless we as a people change our attitudes to sex, the nation will be destroyed".

Chief Buthelezi said the migratory labour system had not only robbed communities of the "authority figures and standard bearing figures" of father, brother and husband—it had also led to a growing disrespect by the young for their elders. [passage omitted]

TANZANIA**AIDS Control Measures Launched in Kagera**

54000004 Dar-es-Salaam *DAILY NEWS* in English
7 Sep 89 p 3

[Article by Meddy Mulisa in Bukoba]

[Text] The Party in Kagera Region has directed Muleba and Bukoba Rural Districts to introduce immediately by-laws prohibiting people from attending night-drinking parties in efforts to control the spread of the deadly disease, Acquired Immune Deficiency Syndrome (AIDS).

Under the directive, all public merry-making functions like wedding ceremonies should not be extended beyond six p.m. Similarly, all pombe [as published] shops and disco halls will have to be closed by 6 p.m.

Addressing a press conference on Tuesday, the Kagera Regional Party Chairman, Ndugu Pius Ngeze said the Party in the region had noted with great concern the increasing levels of AIDS cases in the region and urgent action was needed to control the spread of the epidemic.

Recently Kagera Regional Political Committee members assisted by health officials conducted an intensive six-day health education campaign to counsel people in most affected areas on best ways to avoid AIDS, he said.

"Preventing the development of a lifestyle or habit has a higher chance of success than efforts aimed at modification of an established behaviour," he said.

During the campaign conducted in Muleba and Bukoba Rural Districts, which are the most affected areas, efforts were made to educate the "innocent" who have limited knowledge of AIDS and how it is exactly transmitted.

Religious institutions and village governments have been called upon to establish a special fund to cater to more than 3,000 children who have been rendered parentless since the outbreak of AIDS in Kagera Region in 1983.

AIDS was first reported in Kagera region in 1983 with the death of two men and a woman. A report by the Evangelical Lutheran Church of Tanzania (ELCT) issued two years ago said AIDS victims in the region had been increasing. By 1984, there were 103 AIDS cases with 65 deaths.

In 1985, 111 men contracted AIDS in the region out of whom 82 died. Sixty of 104 women who contracted the disease the same year also died.

The report said a total of 308 men who contracted the disease also died. The report said a total of 308 men contracted AIDS out of whom 145 died while 119 women out of 217 women who contracted the disease in the region in 1986 also died.

The region recorded 109 AIDS cases in the first three months of 1987 with 40 deaths, the report said.

Meanwhile, the Regional AIDS Committee which reviewed the situation and assessed ways of controlling the spread of AIDS noted that HIV prevalence among Kagera Region residents was alarming.

It was reported at the meeting in June, this year that during the last seven years a total of 2,226 cases were reported throughout the region out of which 1,078 resulted in deaths.

Red Cross Helps Kagera's AIDS Orphans

54000007 Dar-es-Salaam DAILY NEWS in English
17 Oct 89 p 3

[Article by Joseph Kithama]

[Excerpts] Kagera Region, Tanzania's first region to be hit by the Acquired Immuno Deficiency Syndrome (AIDS) from some neighbouring country is having a total of 5,147 registered, needy victims of AIDS. Our correspondent Joseph Kithama, reports on the efforts of the Tanzania Red Cross Society and Danish Red Cross in

helping the victims who happen to be orphans and the aged dependants of the deceased.

Residents of Kagera Region had another sight of Red Cross flags flying high on lorries which have been traversing their region.

However, this time the issue at stake was not a population which has been put at hors de combat by the Idi Amin war of aggression in the region, but thousands of children who have lost their parents due to the so far incurable AIDS and the elderly dependants.

The Tanzania Red Cross Society (TRCS), in collaboration with the Danish Red Cross, carried out a successful eight-day relief operation in the region distributing 393 bales and cartons of clothes and blankets to a total of 5,147 children and elderly dependants affected by deaths of their guardians or parents due to AIDS.

The operation was based on a survey carried out by the regional department of social services and later up-dated by a Red Cross survey team which registered affected households in 17 villages of Bukoba Rural District, suburbs of Bukoba town, a disabled camp, Bukoba regional hospital and at Bunazi health centre.[Passage omitted]

The department of social welfare later appealed to the Tanzania Red Cross Society for assistance to alleviate the problem now facing over 6,000 orphans in the region.

It pains to learn that the rapidly growing number of AIDS orphans in the region out-numbers that of orphans left behind by the Amin's aggression.

Residents who were interviewed during the relief operation in the region shared a feeling that the aftermaths of AIDS in the region have been more devastating than those of the Kagera war and are demanding a change in behaviours, some of which are deeply entrenched. [Passage omitted]

UGANDA

Country's Policy Toward AIDS Outlined

34000710z Kampala THE NEW VISION
in English 11 Aug 89 pp 6-7

[Text] Uganda's AIDS Control Programme has been regarded internationally as an innovative one in the fight against the spread of AIDS. Given more money and the help of the World Health Organization it is poised to garner a measure of success.

By June of this year 149 countries had reported about 159,000 cases to the World Health Organization (WHO). Of these, 100,000 cases are from USA, 25,000 from Africa, 22,000 from Europe, 8,000 cases are from South America and 1,400 from Australia and 400 from Asia.

It is estimated that up to 250,000 people could have died of AIDS worldwide by now. And 750,000 globally is estimated for the year 2,000.

The disease is not yet stable, but continues to spread into previously non-infected area. For instance, in West Africa from 0 to 4.6

between 1987 and 1989.

The first cases of AIDS in Uganda were reported towards the end of 1982, when 17 traders at Kasensero fishing landing port in Rakai District died. Kasensero was famous for illicit trade and smuggling between Bukoba and Uganda. All these traders had stayed in Bukoba for long periods.

From 1983 onwards the disease has spread to Rakai town, Masaka and through the Trans Africa Highway to Kampala and towns in the eastern border, and is now reported from virtually all districts.

The number of cases has been doubling every 6 months and the cumulative number of cases for March 1989 is 7,573. The true number of cases could be three or more times higher.

Men and women are equally affected. The age distribution of cases and "carriers" shows that the majority (80 percent) of the cases occur between 16-40 years; 10 percent occur between 0-5 years, and 10 percent over 40 years. There are virtually no cases between 6-15 years.

Cases have now been reported from all districts. However, the districts of Masaka, Rakai and Kampala are most affected and over 60 percent of the patients come from these districts.

An attempt has also been made to identify high risk and low risk groups. Prostitutes have highest infection rates (over 90 percent). Fortunately school children (5-14 years) are relatively free from the disease. Luckily, this age group, 15 years and less, constitutes about 50 percent of the population. Out of a total of nearly 8,000 cases less than 10 cases have been reported in this age group. However, cases are increasing among the 0-5 years age group due to mother to child transmission.

The medical and social consequences of AIDS should not be underestimated. Hospital beds are overcrowded with AIDS patients that need long term terminal care. Almost 100 percent of these patients will die within two years. These chronic patients will greatly overstretch the limited hospital beds.

For instance 30 percent of beds in medical wards excluding surgical, children's wards and obstetrics and gynecology in Mulago, Rubaga and Kitovu are occupied by AIDS patients, who will die after a few months. About 70 percent of patients in TB wards are AIDS related.

Besides AIDS will lead to outbreak of other diseases associated with AIDS. 60 percent tuberculosis patients in Mulago are associated with AIDS and 92 percent

herpes zoster is also associated with AIDS. AIDS will increase death in infancy and therefore the benefits of the accelerated child survival programmes will be neutralized or reversed.

The social economic consequences of AIDS on communities will be heavy. AIDS kills the young and most socio-economic age groups in whom government has invested so much in education and medical care. The loss of people in this age group will adversely affect agricultural production and development in all sectors.

Dependents, especially the young and the elderly, will put considerable strain on societies. Orphans and widows will need special programmes to assist them. In Rakai and Masaka districts at least 10,000 orphans will need to be considered and supported.

As the epidemic progresses, social pressure will be intense and prejudice, victimization and constant abuse of human rights will increase. AIDS could become a serious political issue in future.

It could destabilize regimes due to public pressure and its negative influence on development. Already several infected African students have been deported from Eastern Bloc countries.

Some of the frustrations with AIDS, is that very little can be done to cure the patient or prevent healthy carriers eventually developing the disease.

Risk Factors

Local research has shown that the greatest risk factor is sexual contact which is responsible for over 90 percent of the transmission. There is evidence that sexually transmitted diseases and genital ulcers such as syphilis, gonorrhea, enhance and amplify transmission.

Blood transfusion has been responsible for about 1 percent of the transmission, while mother to newborn transmission accounts for about 10 percent of the cases.

Surveys of household contacts of AIDS patients at home has shown that only the sexual partners get infected. There is no evidence that casual non sexual contact with carriers or with AIDS patients can transmit the AIDS virus. There is no evidence that mosquitoes or bed bugs transmit AIDS infection. It is therefore considered safe to look after the AIDS patients at home.

The National AIDS Control Programme (ACP) was established in 1986, almost five years after the onset of the epidemic. It is a specialized unit in the Ministry of Health, responsible for coordination and technical leadership of the programme. Much of the implementation is undertaken outside the Ministry of Health.

Several ministries such as Defence, Education, Information and Broadcasting, Local Government, NGOs [Non-government Organizations] and churches have programmes/activities coordinated through the Ministry of Health. In addition the churches and NGOs have made a big contribution.

At the central level there are about a dozen professional staff assisted by about five technical specialists from WHO. The main areas focussed are:

- Health education;
- Safe blood supply (laboratory and blood transfusion services and protection of health workers and the public gloves, syringes (about 1,000,000);
- Monitoring the epidemic (epidemiology and surveillance);
- Patent care; and
- Rehabilitation of the Uganda Virus Research Institute.

At the district, a new cadre of staff (the district health educators) have been recruited, trained and given transport and logistics. The district medical officers have assumed full responsibility of the activities in their areas. Thirty three Suzukis and 33 motorcycles for transport and funds for running costs have now been secured through WHO and UNICEF. At the grass roots the RCs [Resistance Committees], community leaders, churches, schools have been mobilized to take the programme nearer to the people through a programme of social mobilization.

The Uganda ACP was reviewed in December 1988 by the Ministry of Health and an international team of experts. They recommended expansion and modification of the programme.

Decentralization of activities to the districts was also highly recommended. Areas which had not received adequate attention such as patient care, provision of supplies were emphasized and will be taken care of in the 1989 programme. The international review team concluded that the programme's progress was very satisfactory and needed more funding from the international community.

The emergency programme became effective with assistance from the WHO. In June 1987 a donors' conference was held, at which US\$7.4 million (specific activities US\$2.5 million) was pledged for the first year.

The funds are administered by WHO as trust funds on our behalf and that of donors. So far virtually the entire financial input are from WHO, who have an accountant directly seconded to the programmes. The cumulative total of unspecified general purpose funds disbursed for the programme from WHO since 1987 is as follows:

Year	Cumulative Total Disbursed (US\$)
At 31 Dec. 1987	845.693
At 30 Sept. 1988	1,738.000
At 31 Dec. 1988	3,224.000
At 31 May 1989	3,861.000

In addition there are also funds earmarked for the following specific projects:

- Blood bank US\$2 m from EEC;
- Northern Uganda Control Programme US\$1 m from Italy;
- School health education US\$2 m by UNICEF;
- Counter funds from the Ministry of Health.

The extent of additional contributions by non-governmental organizations of various form cannot be quantified. It should be pointed out that the purchasing capacity of the pledged offshore funds have been somewhat eroded due to devaluation of the US\$ against European currencies, where the bulk of the supplies were purchased in 1987, 1988.

Activities

The activities of the ACP so far undertaken are based on two protocols agreed to jointly between government of Uganda and WHO is i.e. an emergency six months programme which ended in December 1987 followed by a medium term plan. During the period the main concern has been mobilization of resources, training, development of infrastructure and strengthening and rehabilitation of institutions to meet the challenge of AIDS. The main areas emphasized have been Health education, blood screening and blood transfusion, provision of supplies e.g. gloves, needles, surveillance and operational research and patient care.

Health Education and Launching of the District Health Education Campaign and Social Mobilization

- There are no vaccines or drugs against AIDS. Therefore health education and information remain the greatest weapons against AIDS.

The Health Education Division has been strengthened both at central and district level by recruitment of more specialized staff and training of 33 District Health Educators (DHE) and 66 Assistant District Health Educators (ADHEs) material design, and production at the central level has been undertaken.

A printing press for health learning materials is being obtained with assistance from UNDP.

District mobilization activities are well under way. The district health campaign was launched on 28th March 1989 in Kabale. Kabale district was chosen as a model district. Mbarara district was similarly covered in May

1989. The campaign has five levels of training involving district health personnel followed by RC V, RC IV, RC III, RC II, and RC I within two weeks.

In April 1989 President Museveni launched a national social mass mobilization effort through a multisectoral workshop. The participants included the DAs, DMOs political mobilizers, RC V from all the districts. The experiences from Kabale and Mbarara will be utilized in other districts most of who will have their district mobilization to prevent the spread of AIDS before the end of 1989.

An important ACP activity has been carried out through the School Health Emergency AIDS Programme supported by UNICEF and has covered 30 out of 33 districts, with 2,400 science teachers participating in workshops. 2,450 primary teachers and 100 secondary school teachers have also been trained as trainers.

About 600 secondary schools in $\frac{3}{4}$ of the country were covered last year with the participation of nearly 200,000 students. A new science syllabus for schools incorporating AIDS was also launched. About 20,000 school kits were distributed.

A seminar to finalize the secondary schools science syllabus was concluded in June 1989. A medium term programme for schools has been developed with Ministry of Education with funding from UNICEF to assist ACP's aim to protect the upcoming generation from the AIDS virus.

In Makerere university an association to promote AIDS prevention has been formed in May 1989, a Seminar for over 10,000 students, workers was held at Makerere. The attendance was exceptionally heavy due to participation of a renowned musician, Philly Lutaya, who publicly announced he had AIDS. More seminars are planned.

At least 30 seminars have been conducted at the central level for training of trainers. Seminars have been held for DMOs, medical superintendents, laboratory technicians, DHEs, nursing officers, health inspectors, women resistance committee V. District Administrations and RC V chairmen, Uganda Journalists Association, counsellors, Rotarians, Lions clubs and integrated Ministry of Health/NGOs, seminars in 16 districts, 50 district political mobilizers were trained in March 1989, and will help with social mobilization.

Special workshops with the RCV have been undertaken in some districts in Eastern and Western Uganda. A special workshop for the DMOs of northern (seven districts) Uganda was conducted in April 1989.

A unit to coordinate AIDS control activities has now been developed in the NRA. A public health department has been established, 52 health educators and mobilizers have been trained. Recently 405 political commissioners within the army were trained in Jinja and Mbale. A seminar for NRA medical officers has been conducted.

Five thousand police and prisons officers have been sensitized through a seminar. A workshop for senior prisons officers throughout the country to enable them become trainers was held in Luzira on June 13th 1989.

A seminar for journalists was conducted twice last year and in May 1989 during the mass media week. Radio messages have been intensified through the use of "traditional drums" to warn against indiscriminate sex.

The use of "the drum" on Radio and TV at prime times has produced dramatic effects. The use of theater, plays, musical messages has broken the monotony of the messages and has also helped in disseminating the message.

Close to seven million pamphlets and four tons of badges, stickers, etc. for the literate have been distributed in 10 languages.

Manuals for health care workers and another patient care have also been prepared. Guidelines for AIDS patient care have been prepared and those for blood transfusion provisional guidelines have also been issued to all DMOs and medical superintendents.

Even before government mobilized adequate resources, the churches and NGOs role was significant in health education. The church and schools and the RC system have been used in rural areas where there are no health infrastructures.

Seminars for the clergy and bishops in over 20 districts have been completed. Over 200,000 volunteers were recruited through the church to spread the word on AIDS in rural areas last year using the bible as the only incentive. The church/NGOs is also helping a lot in patient care, home visiting and counselling e.g. TASO, the counselling clinic at Mulago.

Blood Screening

According to studies by ACP 10-15 percent blood voluntarily donated can be infected and is not to be used. Screening the blood is therefore very important.

One limitation's cost (each test is about U.S. two dollars and each screening center costs about U.S. 23,000 dollars to run adequately per year). In addition the need for electricity, running water and expertise further compound the obstacles for proper operation of these laboratories upcountry.

The ELISA machines for detecting infection have been installed in 26 screening centers throughout the country.

Construction of the Nakasero Blood Bank has started by Roko Construction and will be completed by December, 1989. It is sponsored by EEC. In the meantime, an interim blood bank for Kampala and surrounding hospitals (40 miles radius) is working well at the Institute of Public Health, Mulago. Its current capacity is 300 to 500 bottles per month.

Ten regional blood centers will be developed with assistance from the World Bank First Health Project.

A rapid five minute test which does not need electricity or sophisticated equipment is being evaluated for use in upcountry hospitals. Preliminary findings indicate that the accuracy of this test equals that of the sophisticated ELISA machines in the Uganda Virus Institute. The applicability of these tests upcountry is now being tested, but accuracy can be low in unexperienced hands.

While no cure is available for patients with AIDS, some relief of suffering can be offered by treatment of symptoms and the humane care by medical staff, the family and the community. The ACP Review recommended more emphasis on this area.

Plans for adequate and reasonable facilities for patient care have been included in the current ACP budget for 1989. Already four AIDS clinics have been opened at Mulago, Nsambya, Rubaga and Kitovu.

Facility appraisal and expansion to the districts is going on since March 1989. Several training courses/seminars have been undertaken for the districts in central and south western Uganda.

Clinical trials on two local herbs have indicated limited beneficial value. The patients so treated improved briefly up to four months after which they rapidly deteriorated and died. Even the "herb doctor" who had lived for three years supplying us the drug died in December 1988.

So far there is no drug that can cure AIDS, but there are a few drugs that can prolong life for a few months namely:

- AZT, life expectancy can be increased for one to two years, but expensive and costs U.S. \$10,000 per year.
- Pentamidine aerosol, an old drug used for treatment of sleeping sickness, given licence in 1989 to treat chest complications of AIDS, also just supportive.

—GLQ223, from a Chinese cucumber roots, selectively kills sick white blood cells, but still in test tube level, no human trial yet.

—Vaccines are many years away, at least two to five years or even ten years.

CDI Receptor Decoys competes with the virus at the white blood cell surface and prevents virus entry. Still in test tube level.

Operational epidemiological studies will be undertaken during the period, with emphasis on search for cofactors responsible for transmissions. Appropriate social studies will be undertaken as well to look for social behavior that enhances transmission.

The Uganda Virus Institute (UVRI) in the meantime has adequate funds from ODA (1 million pounds) for rehabilitation of the UVRI. Work on this rehabilitation has started and involves physical renovation, and transport.

Several staff at the UVRI will undergo further training abroad during the period, technicians and some ACP epidemiology staff. Studies in the following areas are being undertaken in collaboration with TB, longitudinal epidemiological survey (Rakai) on co-factors, vertical transmission of AIDS (mother to child transmission) and social behavior survey.

Impact

The laws against immorality are being reviewed to protect minors below the age of 18 years against sugar daddies/mummies.

But in general terms people are changing their sexual behavior towards zero grazing. For instance a recent study in Rakai indicated that 93 percent of the people had changed their sex behavior.

The AIDS situation will continue to get worse. Even if we succeeded in halting transmission today the number of cases will continue to rise since these were infected many years back. Increased awareness will lead to an increased demand for supplies by both medical staff and the public. So far over 90 percent pledges for the year have been paid by the international community and utilized accordingly. Unfortunately these funds cannot meet the ever increasing demands for drugs, supplies, activities, etc. More assistance will be needed.

AIDS Spread Among Chinese Anticipated*54004801a Beijing GUANGMING RIBAO
[GUANGMING DAILY] in Chinese 16 Aug 89 p 2*

[Summary] Records indicate that AIDS is knocking at Beijing's door. Since the first AIDS case was diagnosed by the Union Hospital in 1985, a total of 13 HIV-infected patients have been found in Beijing. Although no Chinese citizens have been identified, the increasing contacts between Chinese girls and viral carriers, and prostitution problems are inviting more HIV carriers to China. A survey revealed that 13 of 70 prostitutes were involved in activities with foreigners. From June 1984 to June 1988, 90 syphilis patients treated in Union Hospital were found to be homosexual partners of either Chinese or foreigners.

Quarantine Administration Guards Against Diseases*HK0310033689 Beijing CHINA DAILY in
English 3 Oct 89 p 3*

[Article by Zhu Baoxia]

[Text] So far this year, seven persons in China have been diagnosed as carrying the virus that can lead to AIDS (Acquired Immune Deficiency Syndrome), the National Health and Quarantine Administration has revealed.

All were foreign residents in Beijing, Shanghai, Guangzhou and Hangzhou, spokesman Fu Shenghua said.

Most were students and all have been sent back to their home countries, Fu said.

Since 1985, 20 AIDS patients and carriers have been detected in the four cities. All have come from outside China.

Up to now no Chinese have been diagnosed as contracting the disease except for four individuals who received transfusions of contaminated blood, said Fu.

Health and quarantine establishments in Shenzhen, Gongbei, Guangzhou and Nanjing have also detected the AIDS virus in many biological and blood products and these have been handled according to State regulations.

In the past decade China's health and quarantine work has developed rapidly.

There are now 119 quarantine stations at international seaports, airports and land frontiers in 25 of the country's 30 provinces, autonomous regions and municipalities.

Last year, frontier stations processed more than 69 million people and 5.4 million vehicles entering and leaving China.

More than 200,000 Chinese have received inoculations against communicable diseases such as yellow fever and cholera before traveling where such diseases are endemic.

Health checks were conducted on 130,000 people coming into China last year. Ten years ago such checks were made on barely 1,000 persons.

Under guidelines adopted in 1987, foreigners coming to stay in China for a year or more are required to have health examinations.

Tourists staying for only a short period are exempt but may be required to have an examination if suspicions are raised about the state of their health. Some travellers were found to have cholera or leprosy or venereal diseases and were denied entry.

People arriving from epidemic areas must have an appropriate health certificate.

Containers and goods entering the country are subject to close scrutiny for health-threatening materials and disease-carrying pests.

These efforts have greatly curbed epidemic diseases such as AIDS and yellow fever.

First AIDS Case Among Chinese Found*54004803a Beijing CHINA DAILY in English
2 Nov 89 p 3*

[Text] China has found its first positive HIV antibody case in a VD patient.

The person involved was said to have contracted the disease sexually, according to the Beijing-based newspaper Science and Technology Daily.

The person a young male, used to be a shop assistant in a grocery store in Beijing and is now abroad. He visited a Beijing hospital before travelling overseas and was confirmed suffering from secondary syphilis. The hospital later tested his blood serum and found the HIV antibody test positive.

So far, China has found 24 foreigners and one person from Hong Kong carrying the AIDS virus.

Cao Qing, head of the National AIDS Center, said on television on Tuesday after revealing the case that it was a dangerous signal for a country with such a large population.

The paper reported that the patient used a false name when consulting doctors and when AIDS was confirmed and when authorities finally identified the person, he had already gone abroad.

Cao said the discovery of AIDS among venereal disease sufferers was dangerous as the incidence of the disease has doubled in the past few years.

He said the young man involved had admitted that he had had homosexual relationships with foreigners.

MALAYSIA

Blood Donors Identified as AIDS Carriers

90WE0031A Kuala Lumpur BERITA HARIAN in Malay 4 Oct 89 p 2

[Text] Of about 500,000 blood donors in this country, 9 have proved to be HIV (human immunodeficiency virus) carriers, Chua Jui Meng, parliamentary secretary for the Ministry of Health, said today.

He said the virus carriers, who are all men, were identified through AIDS tests that the ministry initiated in 1986.

Speaking to reporters after launching a blood donor campaign at Tunku Abdul Rahman [TAR] College at Setapak, he said that none of the virus carriers are drug users who use hypodermic needles.

Dr G. Duraisamay, acting director of the Blood Transfusion Center at the Kuala Lumpur General Hospital, who was also present, said it is not possible to determine whether the men had ever donated blood before being identified as HIV carriers.

He said that all blood used in the hospital is now tested for the AIDS virus first. He would not give further details but said that the HIV carriers are now undergoing counseling regarding the disease.

Chua said that the AIDS situation in this country is still not a cause for concern, considering that only 93 people have been identified as AIDS victims or HIV carriers. This percentage is lower than in some countries. Seven of the 10 AIDS patients have died.

Concern

What concerns the ministry now, he said, is that most of the HIV carriers are drug addicts.

"More than half of the 93 people identified as having AIDS or as HIV carriers are drug addicts who use hypodermic needles," he declared.

More than 2,000 students at the college are expected to donate blood during the 3-day campaign. TAR College is recognized as having more blood donors than any other institution of higher education in the country.

Chua said that a move is being made to enter the college's blood donation achievements in the Guinness Book of World Records.

He said the ministry is now trying to ensure that immunization against hepatitis B can be obtained more cheaply.

The ministry will possibly buy vaccine in quantity and then supply it to private doctors at 5 ringgit per injection.

THAILAND

Official Updates AIDS Spread

54004331 Bangkok MATICHON in Thai
21 Aug 89 pp 1, 2, 6

[Excerpt] A list of 34 provinces throughout the country was announced in which there were more than 50 AIDS sufferers. The Ministry of Public Health combined these provinces into zones and sent deputy undersecretaries to supervise them. In Chiang Rai doctors carelessly took blood from AIDS sufferers and gave it to accident victims. In Patthalung a monk with AIDS caused confusion at a temple. In Khorat the Provincial Office of Public Health erected a sign giving the total number of AIDS sufferers on a daily basis.

Dr Thira Ramsut, the director of the Department of Communicable Disease Control of the Ministry of Public Health told MATICHON that the problem of AIDS in Thailand had increased in severity to the extent that of the 9,027 people with the AIDS virus on 15 August there were 23 with the complete AIDS symptoms and 77 with the AIDS related complex. Of 8,927 with the AIDS virus 8,038 were male, and 91.2 percent of these had contracted it through drug use. The remaining 889 females had contracted it primarily through sexual relations. Although in the past ministry officials have rushed to control AIDS, they have not achieved as much as they should because they did not get cooperation from other involved groups.

Dr Thira said that officials of the Department of Communicable Disease Control had drafted an urgent program to deal with the AIDS problem in those provinces where there were more than 50 people with the AIDS virus. There were 34 such provinces, and these drafted programs and submitted them to the Minister of Public Health for approval on 18 August. This program will combine the 34 provinces into four areas. The first area will include Bangkok, Nonthaburi, Pathum Thani, Samut Prakan, Ayuttaya, Suphan Buri, Sara Buri, Lop Buri, Ang Thong, and Sing Buri. The second area will include Chon Buri, Rayong, Chanthaburi, Trat, Chachoengsao, Rat Buri, Nakhon Pathom, Samut Songkhram, and Samut Sakhon. The third area will include Ubon Ratchathani, Phitsanulok, Chiang Mai, Chiang Rai, Phayao, and Lamphang. The fourth area will include Nakhon Si Thammarat, Chumphon, Ranong, Songkhla, Trang, Pattani, Surat Thani, Yala, and Narathiwat.

Dr Thira said that four deputy undersecretaries of the Ministry of Public Health would be assigned to these areas, one to supervise each area. There would be four experts from the Department [of Communicable Disease Control] to help supervise. At the provincial level small AIDS committees would be formed especially for supervision; they would be made up of provincial public health officials, public prosecutors, police directors, public welfare officials, workers, fishermen, industrialists, education officials, prison commanders, representatives of private hospitals or organizations, and scholars

from colleges or Universities in the province. The struggle would concentrate on prostitutes, drug addicts, workers, fishermen and students. Department officials would provide support for the provinces by sending 123 mobile communicable disease teams to help provide information, to help keep track of and search for those with AIDS, and to help provide various equipment.

Dr Thira said that in Chiang Rai Province there were 253 with the AIDS virus. There were three who contracted it through transfusions of blood drawn during the period when blood was not checked before use. The first two cases involved accident victims with injuries requiring emergency transfusions, and so the blood was not checked. It was learned later that it contained AIDS. However the first two died because of their injuries. The third was also an accident victim who required such a quantity of blood that the blood supply at the Chiang Rai hospital was used up and blood donations from the victim's siblings had to be used without inspection. When the blood was checked later, it was learned that the older sibling of the victim carried the AIDS virus, and so the victim contracted it also. At present his health is good, and hospital officials are monitoring him constantly. To be safe the ministry has ordered that every unit of blood be checked before a transfusion is given now even if it is from a member of the family involved. The HIV check is used, which provides results within 10 minutes.

Dr Charan Kanchanarat, a public health official from Phatthalung Province, told MATICHON that as of 18 August 17 people with the AIDS virus had been discovered in Patthalung Province. Of these 14 cases were found among those suffering from drug addiction, one case was found among blood donors, one case was found among the inmates of the Patthalung prison, and there was one case of a female prostitute.

Dr Charan said that all those with the virus were at the stage where they still displayed no symptoms. There were some who knew their condition, but most did not. Provincial medical and public health officials have tried to make clear what would be suitable behavior for those with the virus in order to prevent AIDS from spreading to those close to them. [Passage omitted]

A correspondent reported from Nakhon Ratchasima Province that officials of the public health office there set up a large sign in front of the office announcing the number of those with the AIDS virus. The number was changed every day. The total was broken up into categories telling how much each group accounted for. However these rising numbers were the result of check-ups; since the number of check-ups increased, the number of those discovered with the virus increased. It did not mean that the number of those with the virus had increased. Now there are more than 100 with the virus throughout the province. This includes government officials, businessmen and monks in addition to the drug addicts, convicts and female prostitutes. [passage omitted]

No HIV Seropositivity in Prostitutes, Addicts

90WE0006c Bangkok DAILY NEWS in Thai
27 Aug 89 p 12

[Text] Mr Ong-at Watraphansakun, a doctor with the Roi Et provincial Public Health Service, said that people engaged in various occupations in Roi Et were checked for the AIDS virus. None of the blood samples taken from 954 prostitutes and women who work in places of entertainment tested positive for AIDS. Four drug addicts were tested, and again, none of these tested positive. Of the 1,775 soldiers tested, only 2 tested positive for the AIDS virus. Of the 568 laborers tested, only 3 tested positive. Of the other 3,767 people tested, only 5 tested positive.

Mr Ong-at said that as a result of the fact that none of the prostitutes in the sample tested positive for AIDS, more people are again going out at night to places of entertainment and so forth. But he warned people that to be safe, they should use a condom when having sex, because many of the prostitutes refused to be tested. If a prostitute is found to carry the AIDS virus, she will be turned over to officials and it will be recommended that she stop engaging in this profession immediately. If she continues to engage in this work, charges will be filed against her, and she will be jailed in order to prevent her from spreading the virus.

As for finding the AIDS virus in soldiers in Roi Et Province, this has been reported to their superiors so that they can take whatever action they think appropriate. The fact that the AIDS virus was found in three laborers is very worrisome. The Roi Et provincial Public Health Service has requested cooperation from the organizations concerned in monitoring these people in order to provide advice and find a way to help them. As for disseminating information about AIDS and ways to prevent contracting this disease, the provincial Public Health Service has been cooperating with several units to find ways to prevent this disease. The mass media has reported on the dangers of this disease, said Mr Ong-at in conclusion.

Ministry Seminar Focuses on AIDS Strategy, Costs, Addicts

90WE0005 Bangkok DAILY NEWS in Thai
31 Aug 89 pp 1, 12

[Excerpts] [Passage omitted] At the Ministry of Public Health on the afternoon of 30 August, Dr Somsak Worakhamin, the under secretary of public health, talked with reporters about the recent meeting held by the ministry. This was the second meeting held in 1989 for senior ministry officials. It was attended by provincial public health officers and the directors of central hospitals and general hospitals from throughout the country. The meeting was divided by region and zone. The purpose of the meeting was to formulate a policy to control AIDS, which is now spreading and becoming a serious health problem. The meeting was very successful.

Doctors and officials have joined forces to fight this disease. The policy formulated at the meeting is to step up control work among the groups that are at greatest risk, such as drug addicts and prostitutes. Central and provincial officials must step up control and public relations activities. They must work to educate people about this and cooperate with the units concerned to step up public relations activities.

The under secretary of public health said that those at the meeting agreed to have the provinces look for concrete ways to control AIDS in the at-risk groups, particularly prostitutes. Officials in Bangkok must help monitor, control, and supervise things and coordinate things with and support provincial officials. The three under secretaries of public health will each be responsible for three zones. Ministry inspectors and inspectors from each zone will provide close support to each province. Data will be disclosed in order to keep the people informed. Besides this, he said that before a certificate will be issued to doctors entering government service, they will be given a drug test. This will go into effect on 1 January 1990. As for the steps to be taken in conducting examinations, the Department of Medical Sciences will issue a manual. Once we begin a drug testing program, it is believed that many youths will stop using drugs. This will also reduce the number of AIDS cases.

Besides this, a report from Songkhla Province stated that a survey conducted at the Hat Yai Hospital found that approximately 86 percent of the AIDS patients there had been drug addicts. Most of the prostitutes were also drug addicts. Those who had not been drug addicts had contracted the disease from a sexual partner. Based on the fact that many of those who have AIDS are drug addicts, it's unlikely that the AIDS problem can be solved simply by providing them with information about this disease, controlling AIDS victims, or taking steps to fight this disease. Instead, one of the most effective ways to fight AIDS is to fight drug addiction.

The Hat Yai Hospital began treating drug addicts on 4 August 1989. To date, it has treated a total of 1,823 addicts. The name of the unit is the Narcotics and Drug Rehabilitation Unit, Hat Yai Hospital. Statistics compiled from the forms filled out by 1,678 addicts who came to the hospital for treatment for the first time (the number who registered for treatment was 1,823) show the following: Men, 1,602 (95.5 percent), women, 64 (3.8 percent); average age, 28-60; Thais, 983 (58.6 percent), Malaysians and Singaporeans, 695 (41.4 percent); and unmarried 1,120 (66.7 percent), married 484 (28.9 percent). Drugs used: Heroin, 1659 (98.8 percent), marijuana 130 (7.7 percent). Method used: Injection, 976 (58.2 percent), smoke, 837 (49.9 percent). Major reasons for using narcotics: Urged by friends and wanted to try, 723 (43.1 percent), for fun, 866 (51.6 percent). Amount of money spent daily for drugs: More than 300 baht, 555 (33.1 percent); 50-100 baht, 393 (23.4 percent); 100-200 baht, 370 (22.0 percent). Most of the addicts began using drugs when they were youths. The Hat Yai Hospital has started a volunteer youth program to fight narcotics. The

AIDS threat can be limited by fighting drug addiction resolutely and continuously.

At 0900 hours on 30 August in the auditorium at the parliament building, there was a seminar on the topic "The Effects of National Development on the Spread of AIDS in Children and Youths." The seminar was organized by the House Subcommittee on Women and Youth Affairs and private organizations. Dr Prawet Wasi, a Magsaysay winner, said that if the government doesn't start paying attention to the country's children and youths, this will be a time bomb that will go off in the future, because our children are the country's future. Thai society has become one in which we "sleep with" many other countries. People have sexual relations with foreigners from around the world. Thus, it's impossible to avoid the AIDS problem. The previous government issued a warning about the spread of this disease. But the present government is afraid that this will affect tourism and so it doesn't want to disseminate news about this. Thus, the number of AIDS cases has increased rapidly. In certain groups of prostitutes, up to 40 percent of the women have the AIDS virus.

The Magsaysay winner said that AIDS is even more deadly than bubonic plague, which at one time killed huge numbers of people in Europe. Those who contracted plague died within several days, but those with AIDS live for 4-5 years. It costs a lot of money to treat them, and this could bankrupt the country's economy. Everyone must cooperate to solve this problem. The government must become involved in solving this problem, too.

Professor Thawithong Hongwiwat from the Policy Research Center, Mahidol University, said that AIDS is a social problem and not just a medical problem. The spread of the AIDS virus is due to human behavior within a social environment. Such behavior includes narcotics addiction and sexual promiscuity stemming from the cultural system and social structure. Initially, it was the Ministry of Public Health that was directly responsible, but later on, other units, including both public and private units, began playing a role in trying to solve this problem. Even the military is now taking steps to help solve this problem, as has been reported in the press. That is welcome news. But the most urgent requirement is to coordinate the efforts of the various groups, because there is still a lack of good coordination. This has created confusion among the people. For example, in reporting on the AIDS situation, the focus should be on ways to control this problem, and the people should be given correct information instead of publishing stories that just scare the people. That will just generate mindless fear, and instead of achieving positive results, the results will be negative. Such misleading stories include stories stating that a person can contract AIDS by eating vegetables or using a public toilet. Those who publish such stories should take responsibility.

Professor Thawithong added that personally, he believes that there will be an AIDS epidemic just like other epidemics in history, such as the epidemics of plague and cholera. But AIDS is a new phenomenon and has not affected all groups. It is limited mainly to certain groups of people. In New York, it is limited mainly to people in the Latin American community, most of whom are very poor. He said that he doesn't know whether the same thing will happen in Thailand. The Ministry of Public Health has not classified AIDS victims by group. All it has done is to report whether the person is a man or woman, whether the victim is a drug addict, and whether the person has been sexually promiscuous.

A study conducted in Chiang Mai Province showed that AIDS is more prevalent in "cheap" prostitutes than in higher class prostitutes. Most of those who use the services of these cheap prostitutes are laborers, who are relatively poor themselves.

In Bangkok, drug addicts who share a needle with other addicts are at higher risk, and the risk factor for those who have been in prison before is 4-5 times higher. Professor Thawithong said that AIDS does not stem from isolated behavior but from a chain of events, particularly among the poor, such as among people who like to drink, take drugs, and have sexual affairs. Such behavior spreads the AIDS virus.

Those who will benefit from the data collected and the efforts made will be the educated and the people in the upper and middle classes. But these things will not benefit the poor.

Although no official studies have been conducted among Thai youths, it is believed that sexual promiscuity is increasing because of the "value" requiring men to go to brothels. The country is developing. But to achieve real results, we should discuss the problems and take proper steps to solve the AIDS problem.

Dr Sanguan Nityaramphong, who works at the Planning Division, Ministry of Public Health, said that AIDS is a very serious disease, but it cannot be contracted by simply touching someone with the disease. A princess in another country had her picture taken while holding a child who had AIDS in order to show that AIDS cannot be contracted easily. AIDS is spread in three ways: through the blood system, by having sexual relations with an AIDS carrier, and from a mother to her unborn child. Thus, people should not become overly frightened. Today, more and more Thai youths are having sex with prostitutes. Statistics show that 50 percent of those with AIDS are in the 20-30 age group.

In 5 years, unless something is done to solve this problem, 1 million Thais will have contracted AIDS. Thus, the long-term solution is to educate our children and youths so that they know how to protect themselves, such as by abstaining from sex and drugs.

Dr Thepphanom Muangmaen, the dean of the Faculty of Public Health, Mahidol University, said that today,

every institution is confronting the AIDS problem. In 1984, which is when AIDS first began appearing here, the matter was kept concealed and was not disclosed to the public. No one dared take resolute action. Thus, we lost 5 years when we could have been taking action. In some provinces, there are AIDS victims in every district. There are even farmers who have contracted AIDS, because prostitutes are taken on motorcycle to where the farmers work. "People in almost every occupational group have AIDS. It's difficult to find an occupational group free of AIDS," said Dr Thepphanom.

Mr Sapsit Khumpraphan, the coordinator at the Children's Protection Center, said that now that the number of AIDS cases has skyrocketed, a new law must be promulgated in order to control this disease. Many of those who have AIDS have also worked as a prostitute or used narcotics and so they don't dare disclose their identity. There must be a law that will make an exception for such people who have AIDS so that these people won't have to conceal their identity. We should also form a new state unit in order to expand capabilities in dealing with this disease free of restrictions.

Mr Santhana Thammasarot, an official of the Vagrant Children's Project, Komon Kimthong Foundation, talked about the spread of AIDS among children. He said that the children at greatest risk of contracting AIDS are vagrant children. There are presently about 10,000 such children nationwide. [passage omitted]

Mr Anek Rotchanaphaibun became interested in the AIDS problem after reading about this disease in the newspaper. The people in Lopburi Province became very concerned about the spread of this disease. At the conference, Mr Ruangrut Kasemsuk, the public health officer in Lopburi Province, said that the hospitals in the province have found 290 people with the AIDS virus. Of these, 184 were from the province and 106 came from outside the province. Fifteen of the victims were prostitutes. [passage omitted]

AIDS Cases in Suphanburi

90WE0006b Bangkok DAILY NEWS in Thai
4 Sep 89 p 11

[Text] Dr Wichai Chokwiwat, the public health officer in Suphanburi Province, told DAILY NEWS that people in several provinces have contracted AIDS. In Suphanburi Province, a total of 160 people have the AIDS virus. Most of these people are drug addicts who share needles in shooting drugs. Others work as prostitutes. The Provincial Public Health Service has held two training seminars for volunteers. The volunteers who have completed this training will provide knowledge and advice on how to prevent AIDS, particularly to prostitutes. They will be advised to use condoms when having sex, because if they have sex with someone who has AIDS, they can contract the disease themselves. If people suspect that they have AIDS, they can go to the Chao Phraya Yamarat Hospital in Muang District, Suphanburi Province, for a blood test.

Incidence of AIDS in Malaysian Addicts in South
54004302a Bangkok THE NATION in English
6 Sep 89 p 3

[Text] At least 4,000 Malaysian drug addicts are receiving government-subsidized treatment in southern Thailand because they fear prosecution under Malaysia's strict laws, a senior health official said this morning.

Public health Deputy Permanent Secretary Paichit Pawabutr said there were about 10,000 drug addicts under treatment in government hospitals in the southern provinces of Thailand.

"More than 40 percent of them are Malaysian, 10 percent are from other nations and the rest are Thais," he told UNITED PRESS INTERNATIONAL in an interview.

He said about 700 Malaysian drug addicts were under treatment at Hat Yai district, a bustling tourist town.

Paichit said Malaysian drug prevention and suppression laws were strict and described addicts as criminals.

In contrast, Thai law protected drug addicts from arrest once they have submitted themselves for registered treatment, he said.

"The concepts of Thai and Malaysian laws are different," he said.

He said the Malaysian drug addicts pouring into southern Thailand have said they are afraid of heavy penalties if they are arrested for drugs in Malaysia.

"They came here to be cured because it is too risky to seek treatment at home," he said.

Paichit said most Malaysian drug addicts came into Thailand on tourist visas for treatment that usually lasted about three weeks for one course.

The health official said it was difficult for doctors to learn much about the Malaysian drug addicts because they feared of being interrogated.

"We tested their blood and found that two percent of them (Malaysian addicts) have been infected with the AIDS virus," he said.

Paichit said the addicts paid for their treatment, but such treatment was subsidized by the Thai government.

The low cost was another reason drug addicts from Malaysia were flooding into Thailand.

Paichit declined to criticize the Malaysian drug laws or complain about the additional burden on Thai facilities because he said he had to look at the Malaysian addicts as patients needing help rather than as foreigners.

He said the health ministry estimated there were about 100,000 drug addicts in Thailand.

Army Plans Center for AIDS Victims
90WE0006d Bangkok THAI RAT in Thai
8 Sep 89 pp 1, 23

[Excerpts] [Passage omitted] On 7 September, Mr Michai Wirawathaya, the secretary general of the Association for Human and Community Development, said that he had talked with Gen Chawalit Yongchaiyut, the RTA CINC and acting supreme commander, about the army discharging 200 soldiers who have AIDS. He said that he doesn't want to see these people abandoned like this, because that could make them resentful and they might intentionally try to spread this disease. The army understands and has agreed to cooperate in implementing the "Goodwill House" project, or Ban Saeng Sawang [House of Light] project. Ban Saeng Sawang will be a center at which these soldiers can stay and receive close supervision and treatment in order to give them the will to continue the struggle for life.

Dr Prawin Phayapwiraphong, the association's director for operations, said that this center will be built at the Pranburi Infantry Center in Prachuap Khiri Khan Province. Those soldiers who were discharged because they had AIDS will be allowed to live a normal life. They will be given jobs and paid a monthly salary as usual. [passage omitted]

AIDS Incidence in Trang Province
54004302b Bangkok BANGKOK POST in English
15 Sep 89 p 1

[Excerpts] Trang provincial authorities have been ordered to conduct AIDS tests among all teenage schoolboys, soldiers, police and Border Patrol Police, Trang Governor Phan Chantharaparn said yesterday.

Governor Phan said he ordered the tests carried out after the Public Health Ministry released results of tests taken among prostitutes and service girls in the province.

Governor Phan said that about two months ago provincial authorities carried out AIDS tests among prostitutes and service girls.

The Public Health Ministry results showed that 62 had contracted the AIDS virus.

Of the 62 cases, 55 women were drug addicts, he said. One of them contracted the AIDS virus after receiving a blood transfusion.

Governor Phan said he has ordered Public Health officials to conduct AIDS tests among teenage schoolboys aged 15 and up "because they are at the age of going to brothels."

The measure is aimed at safeguarding the 500,000 residents of the province, he said.

The Governor said he is not concerned that the tests would have an adverse impact on tourism.

AIDS Spread Alarms Chonburi Officials*90WE0030C Bangkok MATICHON in Thai
19 Sep 89 p 18*

[Excerpts] [Passage omitted] R.T. Benchakun Makarathat, the Governor of Chonburi, told MATICHON that the province had set up a special commission consisting of all provincial officials which was to inspect the bath and massage facilities and perform duties which were not disclosed in order to come up with clear evidence of which bath and massage facilities in Chonburi Province were the source of the AIDS reported by public health officials so that the facilities could immediately be ordered shut down for everyone's safety and to avoid panic. [passage omitted]

R.T. Benchakun said that there were 600 people sick with AIDS in Chonburi Province. It was a frightening situation. There probably were more than 600 cases. The municipality of Chonburi Province was a crossroads and a large communications center for the East. It had travel facilities, and the number of tourists there was increasing greatly. The bath and massage facilities which were a gathering point for female and male prostitutes were apt to spread AIDS among many of the tourists and people. If this could be prevented by closing some of these facilities, it would help to reduce the number of cases.

AIDS in Military, Songkhla Discussed*90WE0030A Bangkok MATICHON in Thai
19 Sep 89 p 22*

[Text] They are preparing to check every draftee for AIDS beginning next month. "Hat Yai" has complained that AIDS has cost its economy 1 billion in 4 months.

Lt. Gen. Singha Saowaphap, the head of the Army Medical Department, said that all those drafted in October would be checked for AIDS to make sure that the new soldiers were in good health and free of AIDS. The 121 soldiers who have been discovered with AIDS were mostly privates. They contracted it through indiscriminate sex, drug addiction, blood transfusions and body contact. Regarding the first two categories, the Army was very interested that there be an effort to educate and provide condoms for the soldiers who were to go home on leave.

Vice Admiral Thanit Siyaphai, the head of the Navy Medical Department, said that in the period from February 1988 until the present they had discovered 64 sailors and 55 civilians with AIDS in the Navy. Most of the cases resulted from blood transfusions.

Mr Somyot Wuti-aphon, a public relations official of Songkhla Province, said that the latest figure for those with AIDS was 312; of these 257 were drug addicts and convicts, 30 were female prostitutes, 10 suffered from venereal disease, 6 were blood donors, 2 were homosexuals and 7 contracted it in other ways. The problem the province was experiencing was that AIDS was spreading because those providing information had not studied the

figures on AIDS until they received a complaint from the tourist organization about the seriousness of the situation. It was requested that only the governor and the provincial public health organization provide information.

Dr Prasit Wanitchanon, a provincial public health official, said that in Songkhla AIDS had caused a political battle and had provided an opportunity for some doctors to take advantage of the people's fear of AIDS. Therefore they must be very careful in providing information about it.

A report from the Songkhla Province Tourist Organization stated that in the last 3 to 4 months the economy of Hat Yai District had lost about 1 billion baht and would continue to lose for some time as long as there were reports of AIDS.

Bangkok Health Official on AIDS, Recidivist Addicts*90WE0030B Bangkok MATICHON in Thai
20 Sep 89 p 18*

[Excerpts] [Passage omitted] On 18 September at the Bangkok (K.Th.M.) Administrative Headquarters, R.Th. Kowit Wongphanit, the director of the Bangkok Health Bureau said that AIDS was spreading quickly among the at risk population of drug addicts and prostitutes or women providing various kinds of sexual services.

An examination of the blood of 1,000 drug addicts at random revealed that 44.6 percent had AIDS. One good method of preventing AIDS would be the use of condoms by the at risk population. It appears that during the past year despite the struggle to distribute condoms to stem the spread of AIDS, the idea was not accepted by Thai public opinion. Bangkok distributed condoms at 17 locations, at 5 venereal disease clinics and at 58 family planning clinics with the aim of reaching the sick people among both groups in the at risk population.

More than 50 percent of the condoms were left over because the sick people did not accept them especially the drug addicts, both male and female. The women providing sexual services generally claimed that their customers did not like them. [passage omitted]

R.Th. Kowit said that the problem of drug addiction among the youth in Bangkok had eased; the average age of the addicts coming to the clinics for treatment had been rising, which indicated that the methods of prevention and education among young people had been effective. However there was a problem among those already addicted in that of those who came in for treatment about 80 percent returned to addiction. Only 20 percent were completely cured. INPUT?

Minister Reports 11,347 AIDS Carriers; 83 Percent Addicts

BK0711032789 Bangkok THE NATION in English 7 Nov 89 p 8

[Public Health Minister Chuan Likphai's comments at the "AIDS and Social Problems" panel discussion broadcast on Public Relations Department Television Channel 11 on 6 November]

[Excerpts] The Department of Communicable Disease Control has kept a close watch on the AIDS epidemic in Thailand and in the rest of the world. [passage omitted]

In Thailand, there were 29 cases (eight of the victims are still alive) out of a population of about 55 million as of Oct 31, 1989.

Ninety-one cases of AIDS related complex and 11,347 cases of AIDS carriers have been found. People afflicted by the virus become carriers who may or may not show any symptoms of illness. If they do, it is called AIDS-related complex (ARC). Most people with ARC either die from complications at this second stage or develop full-blown AIDS symptoms and die afterwards.

Twenty-nine cases of full-blown AIDS cases may not be a cause of great concern, but 11,347 AIDS carriers certainly is. For these people may unknowingly spread the fatal disease to people around them.

Moreover, our records show that the number of AIDS carriers has been increasing rapidly, by at least 5,000 during 1988 alone. This year the number of new carriers is expected to be higher than in last year.

Another interesting fact is that about 83 percent of the carriers are drug addicts who contracted the disease from sharing hypodermic needles with fellow addicts who had AIDS. About 8-10 percent of the carriers picked up the disease from sexual intercourse or homosexual sex. [passage omitted] INPUT

VIETNAM

AIDS Prevention, Control Campaign Reported

BK3011061189 Hanoi International Service in English 1000 GMT 29 Nov 89

[Text] The English section of the Voice of Vietnam has continually received letters from listeners asking the same questions: Is there AIDS in Vietnam? Is there a national AIDS committee in Vietnam and what measures have been taken so far in the struggle against this deadly disease? Some even go further asking what groups have the greatest potential to introduce AIDS to Vietnam and so on.

We have actually dealt with some questions raised by our listeners in some of our Sunday shows broadcast over the year. Today, we would like to take this opportunity to gather all questions put to us so far together and to give

answers in an effort to provide our audience with a clear picture of AIDS in Vietnam.

So far, no case of AIDS has been reported in Vietnam. This has been confirmed following antibody tests to screen for HIV infections from over 6,500 people belonging to high-risk groups in the four major cities in Vietnam: Hanoi, Haiphong, Danang, and Ho Chi Minh City. These people include AIDS suspects—VD patients, drug users, prostitutes, blood donors and recipients, sailors, repatriated refugees, prisoners, and patients with liver cancer.

Faced with an epidemic of AIDS on the world scale, the Health Ministry of Vietnam decided to set up the National AIDS Committee in June 1987 headed by Professor Hoang Thuy Nguyen. To answer your questions on what has been done so far by this committee, we invited Professor Hoang Thuy Nguyen to our studio to talk with you. Here is what he said:

[Begin recording in Vietnamese fading into English translation] In this connection, the Vietnam National AIDS Committee has carried out the following measures:

- Set up in Hanoi in April last year a standard national laboratory to screen for HIV infections with assistance from the Pasteur Paris Institute. In April this year, the committee set up a similar laboratory in Ho Chi Minh City to service southern provinces. They organized training courses for scientific workers in Hanoi, Haiphong, and Ho Chi Minh City to diagnose HIV.
- Coordinated with the mass media to provide people with basic knowledge about AIDS and preventive measures;
- Cooperated with specialists of WHO global AIDS program to set up a short-term plan for the prevention and control of AIDS in Vietnam from mid-1989 to mid-1990; and
- Joined efforts with WHO to organize two national workshops on the prevention and control of AIDS.

From now to the end of the year, they continue to organize three city workshops for Hanoi, Danang, and Ho Chi Minh City" [end recording]

According to Professor Nguyen, the introduction of AIDS into Vietnam could be a reality in the future. So right now, preventive measures must be taken and health education is the best alternative, particularly for the high-risk people such as foreigners in Vietnam or Vietnamese back from abroad. The growing numbers of prostitutes and drug users are also potential sources of HIV infections.

World AIDS Day, 1 December 1989, is dedicated to the world's youth, so he said: The Vietnam Ho Chi Minh Communist Youth Union should be assigned with the task of being in the vanguard of the struggle against the killer AIDS.

BRAZIL

AIDS Underreported in Sao Paulo

54002046 Sao Paulo O ESTADO DE SAO PAULO
in Portuguese 14 Sep 89 p 20

[Article by Luiz Roberto de Souza Queiroz]

[Text] The Secretariat of Health has identified 116 deaths caused by AIDS last month, which appeared on the death certificates as resulting from toxoplasmosis, tuberculosis or other diseases. Paulo Roberto Teixeira, director of the AIDS Reference Center, said his team "did some detective work with the help of the Municipal Funeral Service." From thousands of death certificates, those considered suspect were pulled and the physicians who signed them were interviewed.

Teixeira said that, as a result of this study, the number of cases in August was almost doubled—a record total of 298. According to sanitarian Debora Barbieri, who was in charge of the study, the fact that many physicians failed to meet their obligation to report the AIDS patients whom they attended indicates the existence of prejudice regarding the disease. There are also cases of oversight and of patients who entered the hospitals near death and subsequently died without having been diagnosed as having AIDS. According to the director of the AIDS Reference Center, the important thing is that the study suggests that the total number of AIDS cases in the state since the first patient was identified in 1980 must greatly exceed the 5,007 cases officially registered.

The epidemiologists' suspicions about the death certificates arose even during the Janio Quadros administration, when Paulo Ayrosa Galvao, director of the Emilio Ribas Hospital, received authorization from the then mayor to consult the archives of the Funeral Service. Researcher Lucio Olavo was trained at that time to screen for suspicious deaths.

"A young person who, according to the death certificate, died of tuberculosis, which is seldom fatal nowadays, or who died of toxoplasmosis, interstitial pneumonia or cryptococcus, which is a yeast infection, we look upon as a suspicious death," Teixeira explained. Such illnesses are only fatal in patients with immunodeficiency, generally caused by the AIDS virus. In that case, the ailment that appears on the death certificate is simply an opportunistic infection that took advantage of the weakened organism.

Distribution of AIDS Cases by Municipality and Number of Cases per 100,000 Inhabitants*

Municipality	Number of Cases	Percentage in State	Cases per 100,000
Santos	303	6.1	70.3
Sao Paulo	3,300	65.9	31.26
S.J. do Rio Preto	74	1.5	29.1
Sao Vicente	67	1.3	26.5
Ribeirao Preto	75	1.5	18.3
Santo Andre	87	71.7	15.9
Osasco	77	1.5	13.8
Sao Bernardo	63	1.3	10.75
Guarulhos	77	1.5	10
Campinas	77	1.5	9
Others	807	16.1	[not available]

* Not including 48 cases in which residence is under investigation

When the first results confirmed that there were unreported AIDS cases, State Health Secretary Jose Aristodemio Pinotti expanded the convention—which now includes the Interior Death Verification Services—and another physician was added to the research team.

"We have already checked 180,000 death certificates from 1984," reported Debora Barbieri. "We are finishing up with the 1985 certificates and the physicians have been very receptive." When she receives a suspect certificate, the sanitarian seeks out the director of medical records at the hospital that attended the patient, pulls the file and generally confirms that the patient had AIDS. Just once, she was faced with a physician who refused to discuss the patient's illness and the sanitarian admits that she was a little rough. "Look here, my boy, I really have to know, whether or not you want to talk about it." The physician finally gave in.

Figures

Although they may still be low, the latest figures divulged by the secretariat present a very clear picture of what has been occurring with AIDS.

The data show that 5,007 AIDS cases have been diagnosed in the state to date, 1,062 of them this year. Some 3,287 patients, or 65.6 percent, have already died. Homosexuals account for 41.6 percent of the cases; 18.7 percent are intravenous drug addicts; 16.3 percent are bisexuals; and 7.9 percent are heterosexuals. About 90 percent of the AIDS victims are males, 4,388 as against 434 females. There is no verified case of a woman acquiring the virus in a homosexual relationship.

BAHRAIN

Island's AIDS Cases Revealed

54004501 Manama GULF DAILY NEWS in English
27 Aug 89 p 1

[Article by Soman Baby: "Aids Virus Carriers '90pc Drug Addicts'"]

[Text] Bahrain has 44 AIDS carriers, it has been revealed for the first time but the authorities said there was no need to panic.

Four expatriates who were found to be carriers have been deported.

Health Ministry Under-Secretary, Dr Rashid Fulayfil, who released the figures yesterday, said 90 percent of the Bahrain carriers were drug addicts.

Dr Fulayfil, who is also the chairman of the National Committee for the Prevention of AIDS, said there were no AIDS patients in Bahrain, only carriers.

"People should not panic, and must understand that there are a lot of differences between a carrier and a full-blown AIDS patient," he said.

The expatriates were identified as carriers when they were given health checks by the Bahrain Medical Commission, before starting work.

Abroad

Dr Fulayfil said the Bahraini carriers were not a danger to the community.

"However, the married ones may infect their wives, and all carriers are therefore, given counselling at the Psychiatric Hospital," he said.

AIDS screening is enforced for all drug addicts and blood donors.

Blood samples from people suffering from venereal diseases and women admitted to hospitals to give birth are also tested for AIDS.

Information cards on the virus, in Arabic and English, are given to people going abroad at the Bahrain Airport, as well as health centres and social clubs.

According to the World Health Organisation guidelines, the AIDS virus is spread from person-to-person in three ways:

- Sexual contact with an infected person.
- Direct contact with infected blood or blood products.
- From infected mother to child before, during or shortly after birth.

EGYPT

Health Minister Discusses AIDS Prevention Measures

90WE0003 Cairo AL-JUMHURIYAH in Arabic
12 Sep 89 p 7

[Article by Nisrin 'Azab]

[Text] Minister of Health Dr Raghieb Duwaydar said that the ministry has taken strict preventive measures in order to keep the AIDS disease from entering Egypt, regardless of the increasing number of Egyptians working abroad and the greater risks of infection.

He announced at the opening of the conference on blood diseases that these measures include the distribution of 154 precise blood analysis units to the various blood banks in cooperation with U.S. AID to ensure that blood is free of AIDS disease. This has cost more than \$3 million. Some 120 incinerators have been provided in order to get rid of polluted blood remnants.

He said that the analysis of 30,000 samples of individuals most vulnerable to the disease last year has confirmed the nonexistence of infectious samples of this disease.

He affirmed that private blood banks are subject to regular, thorough, and surprise inspections by the Ministry of Health. A central monitoring room has been established at the ministry backed by monitoring rooms in the provinces in order to keep records of the blood units collected by these banks, and to analyze them to ensure that the banks comply with the required specifications with regard to equipment and labor.

He stressed that the changes that occurred in blood diseases have made blood transmitted diseases the most serious. Therefore the ministry is continuously developing its equipment and laboratories, whether through prevention or treatment. Some 200,000 diagnostic vaccines for contagious liver infection diseases and syphilis have been made available. This has cost 1 million pounds.

Dr 'Adil 'Izz, Minister of State for Scientific Research and Technology, said that the genetics section at the National Research Center is treating cases of genetic diseases in children, including blood disease cases. It provides medical analysis, means of treatment, and follow-ups free of charge.

The 2-day conference discussed acute blood cancer cases among Egyptians, especially children, the Mediterranean anemia, bone marrow transplant, and blood purification.

**Doctor Says AIDS Transmittable Via Dialysis,
Organ Transplants***54004601 Cairo ROSE AL-YUSUF in Arabic
25 Sep 89 p 14*

[Report by Alfai Sa'd]

[Text] Dr Zakariya al-Baz, a professor of kidney medicine at 'Ayn Shams University, has warned that AIDS may be transmitted in new ways other than blood transfusions or deviant practices. These are by way of treatment of sick foreigners' kidney failures on a dialysis machine without a medical checkup and by way of organ transplant operations, which began to spread in Egypt with the importation of some of these organs.

Dr Muhammad al-Hafnawi, a dermatology professor, indicated that Egypt is being threatened with an increasing number of AIDS cases in light of medical ignorance and poor health services, especially in villages and small towns.

This came last week during a discussion held by the Medical Science Society of the National Population Council. INPUT

INDIA**Paper Reports Developments in Control of AIDS****Bill on Control***54500010 Bombay THE TIMES OF INDIA in English
19 Sep 89 p 7*

[Text] The government today introduced a bill in the Rajya Sabha to provide for "prevention and control" of acquired immuno deficiency syndrome (AIDS) in the country.

The bill introduced by the minister of state for health, Mr Rafique Alam, provides for specialized medical treatment and social support and rehabilitation of persons suffering from AIDS.

The bill titled acquired immuno deficiency syndrome (AIDS) prevention bill, 1989, also seeks to prevent and control the spread of human immuno deficiency virus (HIV) infection.

According to the statement of objects and reasons, the bill seeks to appoint designated health authorities to carry out the provisions of the act. The appointed persons would be authorized to demand information from infected persons and provide health education, counselling and treatment.

The bill provides for the registered medical practitioners to mandatorily report to the authorities the cases of HIV infection, drug addicts and AIDS.

Establishment of surveillance centers in consultation with the state governments for conducting surveys to

detect the presence of HIV infection among high-risk groups and the general population has also been provided under the bill.

The establishments of these facilities would involve an expenditure of Rs 710 lakhs, non-recurring, and Rs 749 lakhs, recurring.

The bill bars donation of blood, semen or organs by persons suffering from AIDS to any blood bank, hospital, laboratory or any other institution.

It also makes it mandatory for professional blood donors to get their blood tested for AIDS every time they donated.

It also gives legal protection to designated health authorities for anything done in "good faith" in the detection and control of AIDS.

As of July 31, this year, 3.33 lakh persons, mainly belonging to high risk groups, have been screened in the country and 1,392 individuals were found to have HIV infection.

In view of the potential of rapid spread of the disease, the bill had been brought about to take effective measures to prevent spread of HIV.

Problems in Karnataka*54500010 Bombay THE TIMES OF INDIA in English
19 Sep 89 p 10*

[Article by B.S. Aruan]

[Text] Several persons affected with the dreaded acquired immune deficiency syndrome (AIDS) are difficult to trace causing concern to the health authorities in Karnataka.

The screening test done at two AIDS surveillance centers in Karnataka have shown that 18 persons have so far been affected with the disease but the authorities are finding it hard to track them down, either for further tests or to keep a tab on them.

This could well threaten the spread of the dreaded disease in the state since the authorities have almost failed in their bid to find them.

The major reason behind this is the false address furnished by those whose cases prove to be positive. In addition to this, most of the 18 persons have reportedly left behind vague addresses making it extremely difficult for the officials to trace them. Among these 18 cases several have given their place of residence from outside the state, leaving the department of health and family welfare baffled. The two screening centers in the city situated at Victoria and Bowring hospital get their samples from various government hospitals and private clinics all over the state.

This has contributed to the confusion and the delay involved in trying to trace the addresses.

But in the absence of a law to keep the AIDS affected persons in isolation, the authorities feel that their hands have been tied. However, the health department has mooted proposals to bring in a legislation on the lines of the law enacted by the Goa government in 1987. This law provides for isolation of all AIDS positive cases and also for compulsory tests for AIDS.

According to official sources, eight positive cases of AIDS have been detected in Karnataka during the last five months alone taking the total number of AIDS affected persons to 18. Of these 18 persons, six are stated to be prostitutes, five professional blood donors, three foreigners, three patients of sexually transmitted disease (STD) and one voluntary blood donor.

The sources said except for the two foreigners who died last year, all the Indians affected with the disease in the state are alive. While the surveillance center at Victoria Hospital detected 17 of these cases, the one at Bowring Hospital detected the other case. In addition to the 18 AIDS positive cases, the two AIDS center in the city have found the virus of the disease in another 10 persons but it is yet to be confirmed. Five AIDS positive cases had been reported at the end of the year in Karnataka while five more were detected in the first two months of this year. It was feared that these five cases could have been due to the injection of vaccines contaminated with the AIDS virus. The sources however confirmed that of the recent cases, eight were due to contaminated vaccines. The reports that anti RH immunoglobulin vaccines manufactured by three Bombay based pharmaceutical companies had been infected with AIDS virus had sent shock waves in the state early this year. The state government then froze all stocks of the contaminated vaccine.

The two surveillance centers in the city have reported an unprecedented rush for the AIDS screening test for the last few months while the center at Victoria Hospital is now screening samples at a rate of 4,000 a month. The center at Bowring Hospital opened in June this year has so far screened a total of 4,300 samples. According to sources, the rush has been due to a government ruling making it mandatory for blood donors whether professional or voluntary to undergo screening for AIDS, after which they will get the AIDS-free certificate.

IRAN

AIDS Spread Due to Lack of Sanitary Measures, Says Expert

90010036Z London KEYHAN in Persian 26 Oct 89 p 1

[Text] On the second day of the conference on tropical infectious diseases in Iran, which was held 2 weeks ago at

the University of Tabriz, one expert on AIDS [Acquired Immune Deficiency Syndrome] announced that, unfortunately, AIDS also exists in Iran, and no action is being taken by officials of the Islamic Republic to prevent its spread.

Dr Minu Mohrazi, a specialist on AIDS taking part in the conference on infectious diseases, announced:

"The use of boiled syringes, due to the shortage of syringes and injection devices, alone is an important agent in the spread of this disease. Unfortunately, the officials involved have not taken any steps to eliminate this shortage."

AIDS in Iran entered first with the import of infected, cheap blood from African countries. Then, due to the lack of attention on the part of officials of the Islamic Republic, it spread. The health and treatment officials still do not know precisely how many persons infected with AIDS exist in the country.

Because of the lack of hygienic safeguards and the contamination of the hospital environment, the patients who are in the hospitals for surgery continuously face the danger of being contaminated with other diseases, among them AIDS.

MOROCCO

Health Minister Gives Details on AIDS Cases

LD0911133489 Rabat MAP in

English 1256 GMT 9 Nov 89

[Text] 80 cases of AIDS (Acquired Immune Deficiency Syndrome) were recorded in Morocco up to now, said Moroccan Minister of Public Health Taieb Bencheikh.

Answering the MPs' questions on the action of his department, Bencheikh said the Moroccan National Commission for Struggle against AIDS was carrying on its awareness campaign. He pointed out that prevention alone was efficient in struggle against the disease, mainly through the use of condoms.

In 1987, he said, five million condoms were sold or distributed in Morocco. The distribution is made by free clinics or by medical assistants who make from door to door tours to inform women about the importance of birth control and draw their attention to the seriousness of venereal diseases.

AIDS Cases in Rostov-na-Donu

54001021 Moscow *MEDITSINSKAYA GAZETA* in Russian 2 June 89 p 4

[Article by correspondent Ye. Smirnova, under the rubric "AIDS Again": "An Extraordinary Occurrence in Rostov-na-Donu"; the last two sentences are a note from the newspaper's editor]

[Text] Few happy days fell to the lot of the 10-year-old boy from Novoshakhtinsk, Rostov Oblast, who died recently in a Moscow clinic. He had been severely ill from early childhood—the doctors diagnosed life-threatening heart disease. He underwent several examinations in hospitals of Novoshakhtinsk and Rostov-na-Donu.

In early April of this year, during an examination in Moscow, the doctors discovered in him what was a total surprise—human immunodeficiency virus. The boy's parents are healthy.

A commission of specialists from the RSFSR Ministry of Health made an emergency trip to Rostov-on-Don. They began examining children being treated in the hospital in which the boy had previously been treated, as well as other treatment institutions of the city and oblast. Four specialized diagnostic laboratories began working intensively.

In the children's infectious department of the city Clinical Hospital No 20, the oblast clinical children's hospital and other hospitals, 1,552 patients, including 1,189 children, have already been examined. The results are disturbing: Two more cases of HIV infection have been uncovered—two children (one 11 months old, the other a year and a half). They were sent to Moscow for a more detailed diagnosis.

How did this tragedy come about? Did it come from children from other regions who underwent treatment last year in Rostov hospitals? Or could it be that this AIDS was not imported from anywhere, that it was "home-grown," so to speak? For the moment there are no answers to these questions.

And yet there are some conclusions by the commission from the RSFSR Ministry of Health. One such conclusion is that orders having to do with measures to prevent the spread of AIDS are being carried out unsatisfactorily in the treatment institutions of Rostov Oblast. The epidemiological investigation has not yet been completed. But the fact that it was children who had received intensive therapy, including transfusion of blood and its components, who were the ones who were infected here by HIV raises suspicions. Carelessness was discovered in sterilization of instruments and in the sanitary and hygienic condition of hospitals.

It was revealed from an interview with N. A. Galanin, chief epidemiologist of the oblast public health division, that disposable syringes are not available in Rostov. The following fact is significant: 400,000 syringes of this sort are lying idle in the warehouse—there are no needles for them! Supposedly, the needles are somewhere en route to the city.

All of these and many other shortcomings and emergency measures to prevent the spread of the lethal infection were discussed at a meeting of the chief physicians of the hospitals and at an expanded meeting of the board of the oblast public health division in the presence of the commission members.

It is too early to close the books on this extraordinary event. We will report to the readers what turns up.

CANADA

AIDS in Newborns, Drug Release, Condom Sale, Windsor Cases

HIV-2 in Quebec Newborn

54200005 Ottawa THE OTTAWA CITIZEN in English
11 Sep 89 p A4

[Article: "Newest AIDS Virus Turns Up in Baby"]

[Text] A program in which the blood of every third newborn in Quebec is tested for antibodies to the AIDS virus has turned up one case of infection by a newer version of that virus.

Human immunodeficiency virus (HIV) is believed the cause of Acquired Immune Deficiency Syndrome, in which the immune system ultimately collapses and leaves the body susceptible to deadly pneumonia and cancer.

HIV-1 is the strain first identified by researchers in France and the United States as the probable cause of AIDS, but a new strain known as HIV-2 has spread rapidly through western Africa.

Only six cases of HIV-2 have been reported in the United States and two in adults in Canada.

Dr. Cate Hankins, who is part of the team testing the blood of 33 percent of Quebec newborns for HIV-1, said it was a surprise when researchers identified HIV-2 in a sample.

Hankins said there is no clear evidence as to whether HIV-2 is more virulent than HIV-1, nor whether it has a longer incubation period.

Pregnant women with the virus pass HIV antibodies to their children in the womb. It is possible for a child to be born with the antibodies, and later shed them without ever developing AIDS.

Ontario Testing of Newborns

54200005 Ottawa THE OTTAWA CITIZEN in English
21 Sep 89 p A5

[Article by Sharon Kirkey: "Ontario Newborns To Be Tested Anonymously for the AIDS Virus"]

[Text] More than half the newborns in Ontario will be tested for the AIDS virus beginning Oct 1.

A one-year study by researchers at the University of Toronto will help determine the prevalence of the human immunodeficiency virus (HIV) in women of childbearing age. Results will also help measure the spread of AIDS in the heterosexual population.

Researchers will anonymously test the blood of 60 percent of newborns in Ontario. HIV antibodies in an infant would indicate HIV in the mother.

Results of the study will help officials plan for the future health care needs of those infected with HIV, and help determine whether programs aimed at preventing the spread of AIDS are working.

Similar studies are under way in Quebec and British Columbia.

Blood samples now taken from newborns are sent to a provincial lab in Toronto for routine testing.

Beginning Oct 1, blood left over will be screened for the HIV virus, said study co-ordinator Rena Arshinoff.

Samples will be identified only through a number which can't be traced back to the child or mother, said Arshinoff.

While a child may grow up and spread the virus without knowing of the infection, anonymous testing is "the only way we can obtain a true rate (of HIV prevalence) for the province."

Arshinoff said anonymous testing makes it impossible to notify mothers of babies who have tested positive. However, women who suspect they may be HIV carriers can ask to be tested through public health laboratories.

Pregnant women with the AIDS virus pass HIV antibodies to their children in the womb. It is possible for a child to be born with the antibodies, and later shed them without developing the disease.

The blood samples will be identified only by health districts. There are 42 in Ontario.

Statistics show the number of reported cases of AIDS in Canada doubles every 16 months. In Ottawa-Carleton, 412 people have tested positive for HIV.

DDI Experimental Drug Release

54200005 Ottawa THE OTTAWA CITIZEN in English
29 Sep 89 p F7

[Article: "Government Releases AIDS Drug; Experimental Drug To Be Offered Free to AIDS Victims"]

[Text] People with AIDS can get the experimental drug DDI free of charge under an emergency drug program, Health Minister Perrin Beatty announced Thursday.

AIDS patients have been pushing the federal government to release the drug since U.S. researchers announced in July that DDI could be a powerful new weapon against the HIV virus that causes the fatal ailment.

Patients in a U.S. trial of DDI—short for dideoxyinosine—gained weight, felt better and were able to resist infection.

The manufacturer, Bristol-Myers Canada Inc., will administer the drug's release to people with acquired

immune deficiency syndrome who cannot tolerate another anti-AIDS drug, zidovudine, also known as AZT.

The company will review requests on a case-by-case basis and will pay the cost of the drug.

"The compassionate release of DDI through the emergency drug release program provides another form of treatment, another form of hope, for people with HIV infection," Beatty said in a written statement.

Clinical trials involving about 200 people in Halifax, Montreal, Toronto, Calgary and Vancouver are expected to begin in November.

Before a drug can be sold in Canada, it must undergo clinical trials involving humans.

But federal regulations allow doctors to request the emergency release of a drug for compassionate reasons before it has been approved for sale.

DDI does not rid the body of the human immunodeficiency virus but does block its reproduction, enabling the patient to regain some ability to fight infection.

AIDS patients die when their weakened immune systems can no longer combat infections.

AIDS groups welcomed the news and expressed hope the company has enough DDI to supply everyone who wants it.

"It's certainly an avenue of hope," said Grant McNeil, spokesman for the Canadian AIDS Society, a national coalition of 30 grass-roots groups.

Condom Sale in Toronto Schools

54200005 Toronto *THE GLOBE AND MAIL* in English 29 Sep 89 p A4

[Article: "Toronto Schools To Sell Condoms"]

[Text] High schools in Toronto soon will be selling condoms from vending machines in a controversial move to combat the spread of AIDS and other sexually transmitted diseases.

After a spirited two-hour debate yesterday, Metropolitan Toronto School Board trustees voted 15-3 in favor of installing condom dispensing machines in the board's 38 secondary schools.

The move—recommended by the city's medical officer of health—will make Toronto the second school board in Canada to put the machines in high schools.

In June, the Qualicum School Board on Vancouver Island voted to install the machines, and trustees in Ottawa are now considering the measure.

Windsor Area Cases

54200005 Windsor *THE WINDSOR STAR* in English 28 Sep 89 p A3

[Article by Lauren More: "Growth in Area AIDS Cases Linked to Detroit's Proximity"]

[Text] The number of people known to be carrying the deadly HIV virus in Windsor-Essex County is steadily increasing despite a general slowdown of the AIDS epidemic.

The rate at which Acquired Immune Deficiency Syndrome (AIDS) is spreading dropped recently in the US, said Jim Monk, president of the AIDS Committee of Windsor, addressing the group's annual general meeting Wednesday night.

But the number of cases coming to the local committee for help has increased by seven times in the past year.

The committee is now working with 35 AIDS patients compared to five at this time last year, said executive director Steve Lough.

The Windsor-Essex County Health Unit reports 43 people from the area have developed AIDS—that is 10 new cases since last year and the third highest number of cases in Canada behind Toronto with 616 and Ottawa-Carleton with 89.

Why the Windsor area has so many AIDS cases is difficult to answer, Lough said.

"It may have something to do with Detroit. The AIDS epidemic is quite prevalent in the United States," Lough said.

Another 100 people from the Windsor-Essex County area have tested positive for the Human Immunodeficiency Virus (HIV), Monk said.

"We think that figure is closer to 1,000" said Lough referring to the number of area people believed to be infected with the virus.

Lough said many people are tested in Detroit and are not included in the local figures.

"And a lot of people are in the stage of denial," Monk said.

Adding to the difficulty of pinning down exact numbers is the lack of research conducted in Ontario, Lough said.

A province-wide HIV seroprevalence study among women of childbearing age is scheduled to begin Oct 1.

Lough said the study will be the first formal prevalence study completed on AIDS in Ontario.

The anonymous blood samples from the target group will be analysed by researchers at the University of Toronto working under a grant from Health and Welfare Canada.

The results will indicate the prevalence of AIDS among that section of the population only.

Lough said similar studies have yet to be done on other sectors of society.

"There are still no signs of the AIDS epidemic disappearing" despite American reports of a decrease in the number of new cases, Monk said.

AIDS Virus Showing up in Montreal Women's Prison

54200001 *Toronto THE GLOBE AND MAIL in English* 11 Sep 89 p A2

[Text] The virus believed to cause AIDS has shown up in 14.6 percent of female intravenous drug users in Montreal's medium-security prison for women, a study shows.

Dr Cate Hankins of the Montreal General Hospital's community health department said that gives some idea of how widespread human immunodeficiency virus (HIV) is in the city.

Of 248 women tested, 130 had used drugs intravenously in the year before being jailed.

AIDS Incidence, Cases Among Hemophiliacs

3,020 Reported Cases

54200009 *Ottawa THE OTTAWA CITIZEN in English* 30 Sep 89 p A18

[Excerpts] Nova Scotia's longest surviving AIDS patient, regarded as a hero in the province's AIDS community, has died.

Frank Morton died Wednesday in the Victoria General Hospital in Halifax, more than five years after being diagnosed with the fatal syndrome.

[Passage omitted]

Federal statistics show that nearly 90 percent of people diagnosed with AIDS in 1984 are now dead. AIDS, acquired immune deficiency syndrome, attacks the body's immune system and leaves the victim susceptible to other diseases.

"We're very interesting to the scientists because they don't know how we've done it," Morton said last year in submission to a provincial task force on AIDS.

"Assertiveness, the aggressiveness, the combativeness—those things have helped me wonderfully."

Morton, 50, was born in the Annapolis Valley and attended Acadia University and the Nova Scotia Teachers College in Truro.

While living in Bedford, N.S., Morton's homosexual mate became ill with AIDS in 1979 and died five years later.

Morton, a former schoolteacher, was diagnosed with the disease in 1984 and later had part of his bowel removed. He suffered from encephalitis, or swelling of the brain, which forced him to relearn how to walk, talk and read.

[Passage omitted]

The latest figures show that 3,020 cases of AIDS have been reported in Canada. Including Morton, 1,757 people have died from AIDS-related causes, including 45 Nova Scotians.

Cases Among Hemophiliacs

54200009 *Windsor THE WINDSOR STAR in English* 4 Oct 89 p A7

[Text] The number of hemophiliacs sick, dying and dead from AIDS has doubled in the last year, the Canadian Hemophilia Society reports.

As of Sept. 30, the society said, 53 hemophiliacs have died of acquired immune deficiency syndrome, believed caused by human immunodeficiency virus (HIV).

That is up from 24 AIDS-related deaths as of July 1988, as the society was assembling its case for compensation to be paid by the federal government to hemophiliacs who had the virus or AIDS itself.

Roughly a tenth of the country's hemophiliacs—96 individuals—have acquired AIDS after having HIV.

A year ago, only 48 had AIDS.

The number of HIV-positive hemophiliacs with symptoms of weakening immune systems totals 500, up from 252 a year ago. That includes the number of pre-AIDS people, those with AIDS, and those who have already died. "This points out the urgency of our need for compensation," said David Page, vice-president of the hemophiliacs society. The number of people dying is growing rapidly. They can't wait for long.

The society wants \$340 million for hemophiliacs who say they got HIV through contaminated supplies of Factor VII.

Factor VIII is what causes blood to clot; hemophiliacs suffer from a lack of Factor VIII and, depending on the severity of their hemophilia, can start to hemorrhage spontaneously, let alone if they cut themselves or bang a limb.

Because Factor VIII is a concentrate made from freeze-dried blood, HIV in the blood supply was passed on to hemophiliacs, chiefly between 1982-83, said Page. Testing for HIV in the blood supply, and treating blood to kill the virus started in 1985.

Page said HIV turns to AIDS in around seven years, "which is why we're seeing so many people getting sick this year."

CYPRUS

AIDS Cases Up; Statistics Provided

90WE0016A Nicosia O FILELEVTHEROS in Greek
17 Aug 89 pp 1, 8

[Article by Khr. Evstathios: "Abrupt Increase in AIDS Cases"]

[Text] The spread of AIDS has begun to assume disturbing dimensions in Cyprus, a fact which is seriously perturbing the appropriate authorities in the Ministry of Health for the following reasons:

According to the latest official data, the total number of people found to have been infected by the virus now amounts to 61 (47 carriers and 14 sick people).

However, of the above recorded people, only 23 carriers of the virus and 5 sick people live in Cyprus now.

The rest either have died or have gone abroad.

The above was revealed to us yesterday by Dr. Mikhalakis Voniatis, who added that in recent days two more carriers of the disease have been identified after submitting to an AIDS test. At the same time, he expressed his fear about the rapid increase in infected people in Cyprus in the near future, given that:

—Until last June, one new sick person, as well as two new AIDS carriers, were located every month, with the result that the number of victims, which is now increasing geometrically, has tripled in relation to the same period last year.

—The above, in combination with the fact that we are now in the tourist season which is always characterized as more dangerous than any other period, has pushed the appropriate services in the Ministry of Health to intensify even more the public education effort in the direction of halting the spread of the disease on the island.

As concerns the two new carriers who were identified recently, Voniatis explained that one was infected abroad and the other, who is employed in the tourist profession, is believed to have been infected in Cyprus.

Also, he stressed that the people who have been infected by the AIDS virus (73 percent men, 27 percent women) belong to the following categories:

1. Twenty-eight percent are homosexuals or bisexuals.
2. Eighteen percent are people who have lived in Africa.
3. Twelve percent are drug addicts.
4. Ten percent have had many transfusions and most are people who used blood products or had frequent transfusions abroad.

He also stressed that no infection whatsoever has been observed from transfusions occurring in Cyprus, nor is

there any danger of this since there is sufficient inspection of the blood designated for this purpose.

Finally, called on to comment on how he views the situation in Cyprus as regards the spread of the disease in relation to other countries, Voniatis stressed that it is similar to that of Greece, "even a little worse, I would say," he stated emphatically.

DENMARK

Little Change in Sex Habits Despite AIDS Campaigns

90WE0029E Copenhagen BERLINGSKE TIDENDE
in Danish 13 Sep 89 p 8

[Article by Eva Plesner]

[Text] Despite the AIDS campaigns heterosexuals are still not doing very well when it comes to protecting themselves and being careful when they meet new partners.

The campaigns for safe sex have not been effective enough. The message has reached people but it has not led heterosexuals to change their sex habits appreciably. We still do not use condoms every time and the number of different partners is the same as it was before the campaigns.

This is indicated by a still unpublished study. Senior physician Anne-Marie Worm and senior resident Frederik de Fine Olivarius of Bispebjerg Hospital in Copenhagen have studied the effect of the safe sex campaigns on the sexual conduct of women who visited the clinic for sexual diseases at Rudolph Bergh's Hospital in Copenhagen in 1984 and 1988.

In 1984, 13 percent of the women said their partners used condoms. The figure had risen substantially in 1988 when 51 percent demanded this form of protection from their partners at least occasionally.

But this information does not agree with the study which showed that cases of so-called venereal warts have increased and the number of chlamydia cases remained unchanged from 1984 to 1988. Both are sexually-transmitted diseases that people do not contract if they have used condom protection. "And the message has reached only half these people so far," Frederik de Fine Olivarius said.

The number of sexual contacts proved to be largely unchanged. Most still have between two and five different relationships a year, according to the study.

The study is based on two groups of women who came into the clinic for sexual diseases at Rudolph Bergh's Hospital in Copenhagen during several months in 1984 and 1988. A total of 1,481 women in 1984 and 1,148 in 1988.

Senior physician Anne-Marie Worm emphasized that the results of the study should not be seen as an indication that the campaigns have been unsuccessful. It simply takes a long time to get through to people and get them to change their sexual habits, according to Anne-Marie Worm.

Arctic Panel Views Greenland AIDS Situation

90WE0029A Nuuk GRONLANDSPOSTEN in Danish
6 Oct 89 p 7

[Text] An international meeting on AIDS prevention in the Arctic countries was held at the Arctic Hotel in Ilulissat with participants from Alaska, Canada, Denmark, Greenland, the USSR, and WHO.

The meeting quickly established that AIDS is still only a minor problem in these regions. In Greenland only one case of the AIDS disease is known, there are only six known cases among the native population of Alaska and Canada reported 15 cases in the native population. On the other hand there was much greater uncertainty about the occurrence of HIV infection in the populations.

It appeared that Greenland does the best job of monitoring the situation, while the reports from Canada's Northwest Territory were very deficient in this respect. Practically no studies or data are available from the USSR's Arctic regions.

The incidence of gonorrhea and syphilis has declined in recent years in Canada, Alaska, and Greenland, but syphilis is still a major problem in this country.

The meeting emphasized that the spread of sexual diseases can very well give rise to a rapid spread of HIV infection unless active steps are taken.

Because the HIV infection has been a relatively late arrival in the Arctic regions there is a possibility here to set up and implement preventive measures that will really be able to prevent a major spread of the infection. It was underlined that the local authorities in the Arctic regions are responsible for this but that the national governments must ensure that adequate resources are provided for the purpose.

With regard to the preventive measures that have already been implemented, Greenland is in a very good position. Everyone agreed that Greenland was far ahead in this area and has the most direct message, presents it in a way that is acceptable to the population and always uses the local language. People from Alaska, Canada, and the USSR said they had much to learn from Greenland in this area.

The meeting concluded with the approval of a number of recommendations that will be published later. The main concept is that each region should have its own preventive program which should consist of a supervisory system that can monitor the situation on a scientific basis and also follow and evaluate the effect of the preventive measures.

Insurance Companies to Require AIDS Test

90WE0029C Copenhagen BERLINGSKE TIDENDE in Danish 12 Oct 89 p 4

[Article by Uffe Gardel]

[Text] Insurance companies will require customers who take out large life insurance policies to take an AIDS test. Several already require the test.

In the future thousands of life insurance policyholders will be forced to document that they are not infected with the AIDS virus.

Some life insurance companies already require a virus-free blood test.

But an internal agreement among the life insurance companies means that by 1 January at the latest all companies must require AIDS tests from all customers who want to take out life insurance policies for more than 2 million kroner or annuities for more than 200,000 kroner. However companies are free to choose lower limits.

Thus Topdanmark Liv will require a blood test for a life insurance policy for around 1 million kroner or an annuity for around 100,000 kroner, director Erling Edlund Andersen told BERLINGSKE TIDENDE.

On the other hand Baltica and the State Institute for Life Insurance will stick to the limits of 2 million and 200,000 kroner.

Sources in the insurance branch speculate that between 10,000 and 20,000 people could be affected by the new rules.

"Of course one can say that it is a shame for those who are infected. But we must also consider the other customers who will pay for the excess mortality of infected people in the form of lost bonuses," said Erling Edlund Andersen of Topdanmark.

Agency Releases Latest AIDS Figures

90WE0029B Copenhagen BERLIN SKE TIDENDE in Danish 18 Oct 89 p 5

[Text] The number of Danish AIDS patients continues to rise but the State Serological Institute denied that the development is as drastic as it is on the international level. The World Health Organization, WHO, predicted Monday that the number of adults who have developed AIDS will be nine times greater in the 1990's than in the 1980's. Some 470 Danish AIDS patients were reported at the end of September. The State Serological Institute estimates that the number will double within 2 years.

Free Syringes to Copenhagen's Addicts*90WD0056D Copenhagen BERLINGSKE TIDENDE in Danish 28 Oct 89 p 4*

[Article: "Free Syringes"]

[Text] Since the City of Copenhagen began to hand out free syringes and hypodermic needles to the city's drug addicts 1 November 1986, 1 million syringes have found their way to the drug abusers. The National Health Service AIDS Secretariat's newsletter, the AIDS NEWS, reports that with the current circulation of almost 22,000 sets of syringes and hypodermic needles a month, the scheme will cost approximately 1.5 million kroner a year.

FINLAND**Government Shifts Emphasis in AIDS Fight***54002532 Helsinki HUFVUDSTADSBLADET in Swedish 26 Aug 89 p 9*

[Article by Annika Winther: "Denmark Tests New Drug Against AIDS"]

[Text] Danish and Swedish test results from the drug Isoprinosine have been so positive that the estimated 5,000 Danes who are infected with HIV are being urged to visit hospitals where they can receive treatment with it. The drug does not cure full-blown AIDS cases. It seems to have a retarding effect on the symptoms or to postpone the development of the disease, but as yet physicians do not know how or for how long.

Among the European countries, Isoprinosine is only used in Denmark, Sweden, and Italy. The Danish Medical Board has not approved it for sale as yet, but has given permission for its use at Hvidovre Hospital, among others.

So far, the most well-known drug in the fight against HIV has been AZT/Retrovir, which also seems to have a "postponing" effect and which was also developed in the United States. It has serious side-effects such as severe anemia, however. Another drug which is considered to be five times more effective in the treatment of HIV-positive patients is Dideoxyinosine (DDI) which is also going to be tested in Denmark. DDI does not affect the spinal cord and seems to strengthen the immune defense as well as reduce the amount of HIV-virus in the blood.

886 Participated in Test

A total of 886 HIV-infected persons in Denmark and Sweden received either the drug Isoprinosine or calcium tablets for 6 months. Two persons in the group treated developed AIDS, while 17 in the control group were afflicted with the disease, according to the researcher, Jan Gerstoft. In tests performed in America the drug was not as effective, but the patients treated there had more advanced HIV symptoms.

So far 228 of the 435 Danes with AIDS have died. In June 1,800 were registered as infected, of which 115 were women. The authorities estimate, however, that a total of 5,000 carry the infection, either knowingly or unknowingly.

Danish buses are no longer festooned with several yards of condom ads and the mass media has become increasingly less interested in the phenomenon. The government allocation of more than 10 million Finnish markkas is not only supposed to cover information but also preventive work against other diseases besides AIDS, which only a year ago was alone allocated the same sum. Since 1986, the research allocations have shrunk towards zero. This increases the risk that the population imagines that the danger is past.

Distressing Development

According to Chief Physician Jens Ole Nielsen, who treats half of the Danish AIDS-patients at the hospital in Hvidovre, this is very distressing. The infection is not being spread as quickly as was feared a couple of years ago, but it is spread across a broader field, and there is no control over the spread of the infection among the heterosexual population.

Each month, 20-25 Danes are still being told that they are infected and more than 10 of them develop the disease. Of the 115 HIV-positive women, 30 percent are said to have been infected through heterosexual contacts. The incubation period is not known either. Due to an intensive and partially voluntary information campaign within the homosexual community, the number of new infections seems to have stagnated.

On the other hand, within the group of 259 HIV-positive homosexual men, monitored by Dr Mads Melby since 1981, 27 percent had contracted AIDS by 1988.

Two physicians, Carsten Sand Petersen and Kaare Weisman, stated recently in the specialist newspaper for Danish physicians that safe sex, i.e., condoms, is no guarantee for escaping the disease. They base their statement on the fact that one out of 11 homosexuals, living monogamously with an infected person and following every safety precaution, still became infected. The reason, according to them, may have been incorrect use of the condom, but they also stress the fact that anal intercourse increases the risk for infection.

Prof Robert Olin, the Nordic AIDS secretary, notes that even the mathematical models for the number of new cases are not reliable.

We can probably count on another wave of AIDS in the 1990's.

This is due to the fact that the disease was first noticed in 1981, the HIV-virus was actually discovered in 1983, and tests were made available to the general public as late as 1985. With an incubation period of 5-15 years, we really do not know where we are. The risk for infection

varies from "great" during the weeks after exposure (which you are not necessarily aware of), and very "small" during some symptom-free years, to "considerable" when the disease has broken out. Only a minority has reached the AIDS stage by now.

During the 1-3 years between the appearance of the symptoms and the deadly appearance of the disease, it is assumed that most of those with the disease are acting in a responsible manner towards any sexual partners.

On the other hand, we know very little about their sexual behavior during the years before they developed AIDS, and nothing about the number of people spreading the infection at the end of the 1970's and the beginning of the 1980's, when the authorities still had not reacted. What we are experiencing now is possibly—within the Nordic countries as well—only the tip of the iceberg.

According to the latest available Nordic statistics, Denmark has most of the diagnosed AIDS cases (368) followed by Sweden (262), Norway (100), Finland (41), and Iceland (12). Sweden topped the statistics with the number of infected in 1988/89 (2,015) followed by Denmark (1,800), Norway (734), Finland (240), and Iceland (42).

In spite of all the information about HIV and AIDS, a recent Danish study demonstrates that even physicians and healthcare personnel feel unsafe during contacts with those who are infected and ill. Every fourth one is uneasy during contact with HIV-positive patients and about 70 percent say no thank you to working in a ward with nothing but AIDS cases, according to the responses to a poll among 2,000 people employed within the healthcare system.

"All of 60 percent are afraid of becoming infected, quite contrary to the experiences showing that the risks are minimal," state Drs Allan Krasnik and Jan Fouchard.

When even the nurses do not dare to hold an AIDS patient's hand without gloves, it is no wonder that the rest of the population avoids those who are infected and even tries to get rid of them in the workplace. This happened recently to a cook, who more or less voluntarily resigned from the canteen of a large newspaper, because the employees had lost their taste for eating there.

Consequently, increased research into attitudes and ways to change the various misconceptions and misunderstandings is needed during the coming years. Because everything points to the fact that those afflicted with AIDS cannot be forgotten, much less ignored or hidden, neither in Denmark nor in the other Nordic countries.

FRANCE

Role of Prostitution in AIDS Transmission Researched

90WE0041 Paris LE MONDE in French
27 Oct 89 p 16

[Article by Jean-Yves Nau: "Prostitution's Role in the Spread of AIDS Growing"; first paragraph is LE MONDE introduction]

[Text] What is the proportion of prostitutes, male and female, in France infected by the AIDS virus? In the last issue of its WEEKLY EPIDEMIOLOGICAL BULLETIN, the General Directorate of Health published statistical data which finally provides a partial answer to this crucial public health question.

Despite the sexual transmission of the AIDS epidemic and the important role played by prostitutes in spreading sexually transmitted diseases, epidemiologists seemed incapable until now of assessing the phenomenon.

Today we know that of the 1,000 women already suffering from AIDS in France, 29 claim to have worked as prostitutes. Most of them are originally from four regions: Provence-Riviera, Languedoc-Roussillon, Ile-de-France, and Antilles-Guyana. Sixteen are drug addicts and nine were apparently infected by a seropositive, regular sexual partner. Furthermore, epidemiologists note a sharp and worrisome increase in the number of cases of men infected by prostitutes.

Several studies were carried out, moreover, to try to ascertain the proportion of seropositive prostitutes. The largest study was conducted between 1986 and 1988 on 284 prostitutes who had come in for tests to a private medical-testing laboratory in Paris's 9th district. "The sample gathered through the lab covers different types of prostitution (bars, massage parlors, sidewalk) in different quarters of Paris (Pigalle, Saint-Lazare, Rue Saint-Denis)," the authors point out. "All the women claimed to use condoms regularly with their customers but only rarely with their 'non-paying' sexual partners." A total of 8 of the 284 women were found to be seropositive.

Besides these 284 women, 25 prostitutes originally from Brazil, North Africa or France took part in the study; 8 of them were seropositive. Another study done in Toulouse involving 100 prostitutes turned up 5 infected women. In Martinique the proportion is much steeper, since 26 women out of 64 seen in a venereal-diseases dispensary were diagnosed seropositive. Moreover, physicians noted a sharp increase in infected cases.

These figures must obviously be considered an underestimate. "Studies are very difficult to carry out in these circles, and the rare individuals who agree to participate in this type of study are obviously not representative of the prostitute population in France," the specialists explain. "For instance, women working in high-turnover, low-profit-margin sectors and in parking

garages and public parks, African women working in immigrant-worker boarding houses or sequestered in squatters' lodgings, and drug addicts who occasionally prostitute themselves to get drugs, took very little or no part in these studies."

[All of] which underscores the urgency of systematically reminding the public, through all available channels of information, that the use of male condoms is absolutely essential during all potentially infectious sexual relations.

GREECE

Poll Reveals Public's Attitude on AIDS
90WE0027A Athens MESIMVRINI in Greek
9 Oct 89 p 20

[Article by F. Zagoritou: "AIDS: We Learn and We Protect Ourselves?"]

[Excerpts] An Investigation Which Reveals Much

How sensitized are we as a people, how informed and armoured, vis-a-vis a sickness which strikes without mercy whomever falls into its nets?

The First Pediatric Clinic and the University of Athens' Hygienics and Epidemiology Laboratory carried out a survey among a representational sample of the population, the goal being to etch the opinion and behavior of the Greek population on issues relating to AIDS prevention. This survey was carried out in the second half of May and was financed by the World Health Organization. The questions were composed by professors N. Matsaniotis and D. Trihopoulos and by (Biro) Market Research which completed the technical part of the survey.

They randomly selected 1,100 people, aged 18 to 55, from various areas of the country, 70 percent of whom were men and 30 percent women. Of these, 400 were from Athens, 180 from Salonica, 200 from urban areas and 320 from semi-urban and rural areas. According to the researchers, not only knowledge, behavior, above all, has significance. With regard to knowledge, it is not enough, for example, for young people to know how AIDS is transmitted, they must also know how it is not transmitted. Otherwise, the multitude of alleged fictitious threats downgrades the importance of the dangers, diffuses the messages and blunts their effectiveness.

Fictitious Threats

This survey brought to the surface examples of fictitious threats. A completely contemptible percentage of people questioned has ignorance and prejudices. Let us look, however, at what opinions were expressed by those questioned on the ways AIDS is transmitted.

A total of 73.5 percent believed that the AIDS virus can be transmitted to those who swim in contaminated

waters. A total of 32 percent believe that one can contract the virus when giving blood. It is believed by 63 percent that AIDS is not transmitted by mosquitoes, while 24 percent believe the opposite.

A total of 75 percent think that AIDS is not transmitted on knives and forks and glasses, while 17 percent believe the opposite. A total of 76 percent think that AIDS is not communicated by kissing, while 15.5 percent maintain that it can be. A total of 67.7 percent believe that a homosexual will be infected by AIDS sooner or later, while 24.8 percent disagree with this opinion. A total of 70.4 percent think that a drug addict will certainly be infected by AIDS sooner or later, while 22.6 percent disagree with this opinion.

On another question concerning how serious a threat AIDS is considered, 83.6 percent answered that it is an extremely serious threat, while 13.7 percent said it is very serious.

Who Is Most Worried About AIDS

It is clear that people with very intense sexual activity, that is, unmarried men aged 18 to 34, are most concerned about AIDS. The survey showed, moreover, that Athenians and Salonians worry more about AIDS than inhabitants of the other urban areas and the rural and semi-urban areas. A total of 43.8 percent of the Athenians and 46.1 percent of the Salonians are very uneasy about the spread of AIDS. In the remaining urban areas, 38.7 percent are worried, and in the semi-urban and rural areas, 33.8 percent are. However, 65.8 percent of married women are not alarmed about AIDS. On the other hand, 70.8 percent of those questioned stated that they have no reason to change their sexual behavior. This position was observed most strongly among women (84.7 percent), in the area of Athens (76.4 percent) and among married people (83 percent).

People who stated that they have already changed their sexual behavior are mainly:

1. Men (21.7 percent).
2. Those between the ages of 18 to 24 (21.3 percent) and 25 to 34 (24.2 percent).
3. Inhabitants of urban areas (20.3 percent).

It is noteworthy that a total of 15 percent who are worried that they may be infected with AIDS stated that they have no intention of changing their sexual behavior. The meaning of change for another 15 percent is restricted to a more careful selection of sexual partners without the use of prophylactics.

The researchers sought opinions concerning whether those suffering from AIDS, or carriers of AIDS, should be isolated from society. Forty percent of those questioned disagree absolutely with the "isolation of those who have been infected with AIDS so they not transmit it to others," while the majority (69.1 percent absolutely and 25.5 percent to some extent) agree that those who

have been infected with AIDS should be treated with understanding, discretion and respect.

How Informed Are the Citizens

A total of 45.7 percent of those questioned who stated that they have been informed about AIDS in the last two months believe they do not have complete information, while 38.5 percent consider their information complete.

Examining those questioned according to their family situation, we see that a majority of those who are married (48 percent) consider their information incomplete while a majority of those who are single (42.1 percent) consider it complete. The additional knowledge which the majority of those questioned (40 percent) would like about AIDS consists of comprehensible information related by the mass media. Others are asking for seminars by specialist doctors in villages, clubs and schools.

A total of 18 percent of those questioned are seeking additional information in the form of freely distributed printed matter on how AIDS evolved and the ways it is transmitted.

AIDS is apparently not one of the main topics of discussion in the home, though one cannot say it is not discussed at all. Thus, 5.7 percent of those questioned answered that they discuss the issue very often, 27.4 percent, often, 26.2 percent, neither often nor rarely, 30.3 percent, rarely, and 10.3 percent, not at all. It appears to be discussed most frequently by those who have technical and higher education (43.8 percent) or highest-level education (31.1 percent), as well as by those who are single (30.8 percent) or separated (31 percent).

IRELAND

AIDS Cases Reportedly Doubling Every Nine Months

54500007 Dublin IRISH INDEPENDENT in English
27 Aug 89 p 11

[Article by Kathryn Rogers]

[Excerpts] Ireland's AIDS cases are increasing faster than any other EC country with the number of new cases doubling every nine months or so. Kathryn Rogers reports on what the experts say is a timebomb about to explode in the heterosexual community. [Passage omitted]

Many Believe There Are Close to 3,000 Cases

There are now 102 known cases of AIDS in this country, 44 of whom have died. Ireland's AIDS cases are increasing faster than any other E.C. country, with the number of new cases doubling less than every nine months. 841 people have been tested HIV-positive, but this is believed to be a gross underestimation of the real numbers involved.

Many groups involved believe there are close to 3,000 cases and certainly methods used by international experts to calculate the real number of people affected would treble our current official figures. Based on such figures, projections indicate we may be faced with up to 145,000 people infected by the end of the century.

Along with Professor Irene Hillary, chairing the AIDS Fund and head of the Virus Reference Centre in U.C.D., and Dr. Fiona Mulcahy, working in St. James's Hospital as the country's sole AIDS consultant, Dr. James Walsh is one of the country's three bigwigs invariably referred to and consulted on any matters involving AIDS.

As the Dept. of Health's AIDS co-ordinator, he is horrified by some of the bland statements that he has begun to hear, claiming AIDS is a self-limiting disease.

Comparing the development of the disease abroad, he describes the stage of spread in Ireland as Phase 2. This is when the disease spreads beyond previous geographical limits of core cities into smaller cities and towns. "Already, we're starting to pick up new cases throughout the country."

The actual numbers of AIDS cases may also be grossly underestimated. At least 18 Irish people died of AIDS in London in the first six months of this year alone, according to Brian Murray, chairman of AIDS Action Alliance, and umbrella organisation coordinating the activities of many voluntary agencies working on the disease.

Other Cases of AIDS Go Unreported

It is believed other cases of AIDS go unreported because of the reluctance of many doctors and families to put AIDS as the cause of death on a certificate. In a brief scan of some death certs, Dr. Walsh has already unearthed an AIDS case previously unreported.

Late or incorrect diagnosis of heterosexuals with AIDS is another factor which hinders the accuracy of our AIDS figures. Dr. Walsh believes many in the medical profession still relate AIDS to the specific risk group of gays and drug abusers.

To date, we have only had three heterosexual AIDS cases in the country. Two were women who loved two infected drug addicts and the third, a man, picked up the virus while working in Africa. All three have died.

"Though figures for heterosexual AIDS cases amount to only 3 percent of the total, we're still about five years behind many other countries in the development of the disease, so we're not very far down the road in comparison," says Dr. Walsh.

Heterosexual transmission of the disease does not occur as quickly as homosexual transmission, however. The W.H.O. estimates that a single episode of vaginal intercourse has a transmission risk of between one in a hundred and one in a thousand. These odds are increased when sexually transmitted diseases such as

herpes, genital ulcers or gonorrhoea are present, as these allow easier access to the body.

'We Test Usually Three Months After an Incident'

AIDS tests, which are carried out in a variety of clinics, medical centres and hospitals throughout the country, vary in cost from 15 pounds sterling to 30 pounds sterling. 6,000 of the 27,000 or so who have taken the test did so to comply with visa (mainly U.S. Donnelly visas) and insurance requirements. (Tests are required for all seeking life assurance of 150,000 pounds sterling or more). For the worried remainder, the disturbing evidence that the AIDS virus can remain undetected for longer than originally thought, becomes an added worry.

"We test usually three months after an incident, and it usually shows by then if it's going to," says Professor Irene Hillary, head of the virus Reference centre in U.C.D. where all positive results are confirmed.

"But we have had cases where it has shown up after nine months. People can usually tell when they go from negative to positive because they get a type of 'flu-like' infection. In at least one case we had a person who had one dangerous encounter and developed this 'flu' and HIV antibodies just ten days later."

Research abroad has indicated infection may occur at least 35 months before antibodies can be detected. This, in effect, invalidated negative antibody tests completed over the last three years and raised fears that some people, incorrectly tested negative, were unknowingly spreading the disease.

New tests now seek the actual HIV virus rather than for the antibodies to it. The AIDS Fund, a voluntary independent group with the task of raising money to fund research and care projects, and of which Prof. Hillary is chairwoman, has granted her 10,000 pounds sterling to buy such equipment. It will be used as part of a three-year paediatric research programme which started on July 1. It will be particularly useful in assessing the survival chances of the 70 percent of HIV babies who lose all trace of their antibodies between 10 and 18 months.

58 HIV Positive Babies in Ireland

The absence of abortion and the lack of sterilisation facilities have resulted in Ireland having the highest per capita incidence of HIV babies in Europe. Their mothers, mostly drug addicts, often have more than one child, with at least one woman having four children, two of which were HIV positive, before dying during her fifth pregnancy.

There are now 58 HIV-positive babies in Ireland. Four babies have already died of AIDS and a fifth full-blown AIDS case was taken to London by its mother some months ago is also presumed dead.

Most of the children have not come to the attention of the authorities until they arrive at the hospital seriously ill. One six-year-old died within three weeks of being diagnosed.

"We don't know how many HIV babies are out there," says Professor Hillary. "When an eleven-month-old baby died of AIDS, this was the first we knew of this particular family. We tested them and discovered another older child was also infected."

Fifteen percent of those tested HIV-positive in Ireland are women as compared to 6-7 percent in Britain and 9 percent in the U.S., according to addiction counsellor Marguerite Woods, who is based in the voluntary group, Anna Liffey Project Centre.

"Many of these women don't find out they have the AIDS virus until they are in ante-natal care, well into their pregnancies," she explains. "But there are some that weigh up the risks and make an informed decision to have a family."

There is now estimated to be a 50 percent chance of a HIV-infected mother transmitting the disease to her child.

Babies are passive victims of the AIDS virus, with little likelihood of transmitting the disease. If the disease is to be spread among the heterosexual community, it is likely to do so through the drug-user population. It's this view which has prompted much of the Eastern Health Boards efforts to counter the disease to be concentrated on the drug-using community.

Needle Exchange and Condom Service

The quietly operating needle exchange and condom service in Baggot Street since late last year and the methadone maintenance programme in Trinity Court (now the national outpatients' detoxification and treatment centre since the closure of Jervis Street) are the main thrust of their efforts.

The Baggot Street programme, old-for-new 'works' exchange and condom distribution programme is what a spokesperson for the Eastern Health Board described as 'the carrot' to get these people into counselling.

Part of the board's 'Outreach' programme, the service actively seeks out those who have failed on the Trinity Court methadone treatment and those who have been pinpointed as to 'high risk' of transmitting the infection.

Though the Minister for Health, Dr. O'Hanlon, was bitterly opposed to these 'user friendly' needle exchange programmes, now, according to AIDS co-ordinator James Walsh, they are preparing to open another such clinic near Charles Street on the north side of Dublin.

An Eastern Health Board spokesperson revealed in this instance the emphasis would be placed on an ethos similar to that of the AIDS group 'Body Positive', that of

Keep Fit, and, accordingly they hope to fit the centre with a health studio and small gym.

The methadone maintenance programme in Trinity Court supplies over 100 drug addicts with a daily supply of the synthetic opiate. Drug addicts must attend Trinity Court daily for this still highly addictive liquid solution which is taken orally. Unlike heroin, which has a normal life of 8 hours, this methadone will stave away physical withdrawal symptoms without the hit of heroin for 24 hours.

As well as ten drug counsellors placed in high-risk drug areas about the city, and the Talbot Day Centre in Buckingham Street for young drug users, the Eastern Health Board makes subventions to voluntary drug treatment centres such as Coolmine and the Anna Liffey Project.

3,400 drug users have been the largest group tested to date. 489 have tested positive. 34 of our 102 known AIDS cases are drugs users, nine of which have died. But most counsellors and medical experts believe they are dealing with only a proportion of the drug-abusing population. There are many more which have not yet come to the attention of statutory or voluntary agencies and who have never been tested. "And God help us when crack arrives her," says Dr. James Walsh.

Drug Abusers 'Not Beyond Reach of Campaign'

Fr. Frank Brady refutes the claims by many medical experts in the field that drug abusers are beyond the reach of advertising campaigns or are too spaced out to know or care about the risk of AIDS. "Most of them know more about AIDS than any other group, but they take risks, like many other people. The only way AIDS will be spread to the non-drug using population is if they take risks too."

Just 1,800 homosexuals have been tested out of a total community that is estimated to comprise over 5 percent of our total population. Only 98 out of the 841 HIV-positive cases known are homosexual, yet they account for nearly 50 percent of our current 102 AIDS cases. Twenty people in this category have died.

The threat this largely secretive and largely untested community poses to the rest of the population is a very real one, when one considers that an estimated 10 percent of the callers to the Gay Switchboard in Dublin are bisexual or married gays.

Chris Robson of the Gay Health Action Group believes that at least half of the 3,000 estimated HIV people about the country are gay and bisexual. "We've been trying to tell the authorities for the past four years that the problem isn't over in the gay community," he says.

"We have got information to that section of people that go to the bars, clubs and are members of gay organisations. But there is an entire other group of people that are more closeted and we can't get any information to them."

No Incentive To Be Tested

There is simply no incentive to be tested, according to Chris. It causes problems with insurance premiums and mortgages and the recent decision of the Irish Medical Association, that doctors "had a duty to inform" spouses and other medical personnel involved, has compounded the problem.

"We need anonymous testing rather than confidential testing and anti-discrimination laws for AIDS- and HIV-infected people," says Chris Robson. "Then we might begin to know the real extent of the problem out there."

Government inactivity on the AIDS crisis has been vocally criticised by all quarters left to cope with the victims.

The main contribution to the AIDS Fund, which is supposed to control all Government money for dealing directly with the disease, came about purely accidentally. 250,000 pounds sterling was given to the AIDS Fund with no provisos, but under the general understanding it was for the haemophiliacs whose demands for a 400,000 pounds sterling trust fund had caused a Dail defeat for the Government.

By boxing clever and holding out for the election and the imminent coalition with the P.D.s who supported the idea of a trust fund the AIDS Fund was rewarded with the announcement of a further million pounds specifically for the haemophiliacs and found themselves left with the unexpected firepower of 250,000 pounds sterling.

Lack of Preventive Measures Criticised

Even more criticism is levelled at the lack of preventative measures. The only national campaign launched by the Government was over two years ago. Many perceive the reluctance to get actively involved as fear of a moral and religious backlash that could occur by the official release of material that advocates wholly the use of condoms. Many see AIDS being viewed in the light of a moral issue rather than a virus.

Because there is no overall budget to combat the virus, it is impossible to estimate just where and how much AIDS is costing the country, according to Dr Walsh.

In line with many other voluntary and statutory workers, he advocates an integrated and long-term strategy and budget to deal exclusively with AIDS.

What size of a budget did he estimate he would need? Dr Walsh explained that the Minister for Health had only just been on walkabout and had dropped into his office only five minutes previously to ask the same question.

"Let's just say caring for each AIDS patient costs an average of 30,000 pounds sterling per year. When you think there are 3,000 HIV people out there, I think you can realise the extent of the cost involved."

ITALY

New At-Home AIDS Tests Scrutinized

90WE0024A Rome L'ESPRESSO in Italian
24 Sep 89 pp 201-202

[Article by Enrico Pedemonte: "Don't Do It Alone"]

[Text] "Don't do it alone" is the opinion of both Professor Aiuti and Minister De Lorenzo, but, according to the former, the Higher Institute of Health's checking of AIDS testing is inefficient.

"Do you see? It is extremely simple. All one has to do is to cause a drop of blood to drop onto this spot and then wait a few minutes." Prof Ferdinando Aiuti, an instructor in clinical immunology and allergology at the La Sapienza University in Rome, displays a minuscule strip of transparent plastic. It is one of the numerous kits for performing the AIDS test that have been produced in recent months.

Aiuti goes on to say, "These small, dark gray points are serum-positive indications. The white zone belongs to serum-negative subjects. I have done a few counts, and, if produced on a large scale, the cost of production of this kit can be valued at about 200 lire."

It is natural to wonder whether it would not be useful, in view of such costs, to distribute these tests among the population to enable every individual to verify a possible serum-positive condition by himself, in his own home. For a citizen who is accustomed to enduring the mal-functionings of the public health system, the queues, the rubber stamps, the frequent rudeness of the employees, the sometimes suspect sanitation in the centers that collect blood, the idea of "doing it yourself" at home is attractive, and that is also true because the result of the test remains a secret if it is positive for AIDS. "What contraindication can be serious enough to overcome the instinctive rejection of the public health system?" he was asked.

Prof Aiuti replied patiently, "I believe that the pressure of the pharmaceutical industries in the United States and Europe will be very powerful and that these tests will soon spread rapidly, first in the hospitals and private laboratories and then as at-home tests, as happened with pregnancy testing. But I do not agree with this. I think we should be careful because it is very dangerous to put such instruments—which need to be interpreted, in any case—even in the hands of expert individuals." There are several of these risks that were referred to by Aiuti. It is possible that someone will interpret the result erroneously, and, above all, it is possible that we will find

ourselves confronted with an error in the testing process—an eventuality that occurs in 1-2 percent of the cases—and that the laboratories will confuse the results of the tests with those of alternative tests, the so-called confirmation tests.

The matter of AIDS tests is a hot argument that has produced a violent discussion in the medical world. A standard exists that was launched in 1987 by the minister of health at that time, Carlo Donat Cattin, according to which the diagnostic kits for AIDS must travel very special paths. In our country, in fact, anyone who wants to can offer the diagnostic kits commercially, and the various laboratories choose the kits that seem to be the best and most economical from the various representatives of the various pharmaceutical houses without having the health authorities check on their reliability at all. In regard to AIDS, on the other hand, since the decree of 1977, the rules have changed and the kits that circulate in the public and private laboratories must all be examined closely by the Higher Institute of Health's experts. What is involved is a rigorous standard that safeguards Italians against possible irresponsibility on the part of the pharmaceutical firms. But, as always, there is a problem. "The Higher Institute of Health does not have sufficient structuring. Practically everything has to pass through just one individual, who, naturally, cannot do the job. The shipments of kits have to wait for months, and there is a danger that their effectiveness will decline. Authorizations for new tests are also 2 years behind. We cannot buy them there, either, since the laboratories are research laboratories, and we have to count on the fact that the pharmaceutical firms often give them gifts."

Before we depart, Prof Aiuti, who has been in the front line in the battle against AIDS for years and has never been hesitant about criticizing the insufficiency of public intervention in that sector, shows us his laboratory, which is brand-new. All the machinery has been given by private entities as gifts: the Lions, the Anlaids, some anonymous patients, the Banco di Santo Spirito, and some pharmaceutical firms, and Adriano Celentano has offered 200 million lire. "The university took out only the money to lay the floors and put in the ceilings of the offices," Aiuti states emphatically.

We leave the university's laboratories and ask to speak with the minister of health, Franco De Lorenzo. "Is it true that the AIDS tests are delayed for months, that their effectiveness declines in the offices of the Higher Institute of Health, and that it takes years for the new authorizations to arrive?" he is asked.

The minister asks for some time to inquire. Then he answers, "I am told by the Institute that the checks take place immediately. In any case, I do not mean to exclude the possibility of intervention to bring different procedures into agreement—for example, avoiding keeping on checking all the test kit shipments that arrive from the pharmaceutical firms."

As for the new tests, the minister thinks that "much prudence" is required. "These new tests," he says, "have not been made a matter of record in the other countries yet. We are not afraid of being in the avant garde, but I would not want Italy to become a field of experimentation for the pharmaceutical companies. After all, I think that their use must be limited to research purposes."

"And, in the future," he was asked, "is it right to offer a low-cost at-home test to the public?" At present, De Lorenzo excludes that possibility. "It is a matter of understanding whether such an instrument should be provided only to the authorized public entities or whether we should agree to expand their use to include use by private laboratories or general practitioners. In any case, liberalizing their sale is out of the question," he said.

Cost of AIDS Treatment Being Analyzed

90WE0024B Rome L'ESPRESSO in Italian
24 Sep 89 p 193

[Text] The Ministerial Commission for AIDS set up by the Italian Government is trying to calculate the economic cost of AIDS in order to be able to know in advance how much money the Ministry of Health will have to set aside from year to year and how much the Health Service will be responsible for. The most significant element is concerned with the consumption of the drug AZT, which is produced by Wellcome. In 1988, 41,000 packages, at a cost of 8,200,000,000 lire, were used in Italy, but 30,000 packages, at a cost of 6,300,000,000 lire, have already been used in the first six months of 1989. Accordingly, an increase of 50 percent in the use of that drug is indicated.

The doses of AZT for each patient are going to cost our Health Service about 7,000,000 lire, on the average, if the drug is administered through an entire year. That circumstance is rather unusual, and so it is calculated that, in fact, for every one of the approximately 2,500 patients treated with AZT in Italy, 4 or 5 million lire are spent. But what is the total cost for an individual who is suffering from AIDS? No exact figure exists, but it is known that a bed for any patient whatever costs the hospital from 300,000 to 500,000 lire, and that, since the AIDS patient requires a continuous and complex series of diagnostic procedures, the cost for assistance becomes much higher and can amount to almost twice that amount. Furthermore, more than a thousand beds are already needed, and it is calculated that every new hospital bed costs about 200,000,000 lire.

NORWAY

Prison Official on HIV Problem in Prisons

54002527 Oslo AFTENPOSTEN in Norwegian
28 Aug 89 p 2

[Guest Commentary by Rolf B. Wegner, head of the prison system: "HIV A Big Problem in Prisons"]

[Text] Of the approximate 800 people in Norway who are known to be HIV-positive, approximately 20 are in prison. In addition to these 20, there are approximately 15 prisoners who are most likely HIV-infected, but for whom no firm diagnosis has been made at this time.

The proportion of HIV-infected individuals among the prison population is considerably greater than in the normal population. The reason is that the group of drug addicts—which constitutes a special risk group with regard to HIV infection—is overrepresented in the prison population.

HIV in prisons is a very serious problem today. All calculations indicate that in the future the problem will worsen rather than improve. At the same time, it seems as if this problem has not really been "discovered." In view of the huge number of problems the prison system faces, a new problem does not easily get the attention it may actually deserve.

Work Environment

HIV in prisons is a more complex problem than outside. The health problems for the prisoners who are unfortunate enough to have been infected come to mind first. In addition, there is the increased risk of infection in a prison environment because of the high number of drug addicts together with poor needle hygiene and little access to new needles. In addition, an HIV-infected prisoner could constitute a special safety risk if he used the infection risk as a means of forcing his way into freedom. Finally, the occurrence of HIV in prisons constitutes a serious work environment problem for the prison staff.

Therefore, the prison system must have a policy clearly outlining how these problems should be met. So far, such a policy has been based on three main points:

—A prisoner who is found to be HIV-infected must continue his prison term. Being HIV infected does not release him from his prison sentence.

—Generally, an HIV-infected prisoner shall be treated just like other prisoners. He is to be integrated into the rest of the prison population and shall have the same access to work, instruction, education, and controlled leisure time activities as any other prisoner. Special safety measures are to be implemented only against those very few HIV-infected prisoners whose behavior is anti-social or irresponsible and thus increases the danger of infection.

—HIV-infected prisoners are to be given special information in order to reduce the danger of infecting others. Also, they shall be given special assistance to make their situation easier for them.

In the society behind walls the question has been raised whether drug addicts should be given free access to clean needles in order to reduce the danger of HIV infection.

The answer of the department of justice to this controversial question is a clear no. The reasons are primarily based on safety considerations. A syringe filled with HIV-infected blood in a prison could be used as a loaded weapon against the prison staff in an escape attempt, hostage taking, etc. There have already been several examples of such escape attempts. The risk of HIV infection in prison must be reduced by other means than providing the prisoners with free access to syringes.

Misinformation

A few items which have been discussed in the press recently could have led to the misconception that HIV infection in a prisoner would lead to his early release or that he would be excused from serving his remaining sentence. Therefore, it should be emphasized that HIV infection alone cannot be a reason for early release. However, if the prisoner can show other more convincing reasons in addition to his HIV infection, he can be released earlier than usual based on a joint evaluation. For practical reasons, it is important for the prison staff to clearly explain this policy to the prisoners. It would be a tragic situation if, e.g., a prisoner with a long prison term ahead of him would intentionally infect himself with HIV out of desperation and in an unbalanced state of mind in the erroneous belief that this would bring him an early release.

However, a prisoner who has developed AIDS has no place in prison. A person who is overcome by a deadly disease should not spend his last days in prison. For him, the solution should be interruption of his confinement, early release or confinement to a hospital.

The actual and immediate problem arises only when a prisoner who suffers from AIDS constitutes a direct danger to the safety of others because of a character aberration or something else. The prison system has not yet experienced such a situation. Should it happen, the prison system and the health system must find a special solution which covers all aspects, but gives highest priority to the safety of other people.

Health Sector Workers Fear HIV Infection

90WE0011A Oslo AFTENPOSTEN in Norwegian
29 Sep 89 p 4

[Article by Erik Veigard: "Fear HIV Despite Knowledge"]

[Text] Health workers have a great irrational fear of HIV and AIDS. One out of 10 nurses surveyed has considered changing his/her profession because of the fear of infection and two out of three doctors would not allow a close relative to be treated by an HIV-infected colleague.

Even though Norwegian health workers have relatively good knowledge of the ways in which the HIV virus is transmitted, irrational fears of infection are great. This was shown by a survey of 479 health workers in Bergen.

Nurses, dentists, general practitioners and hospital physicians participated in the survey. Health workers appear to have trouble translating their knowledge of HIV into practice. The fear of infection is so great that it is irrational in many people and the irrational fears create undesirable attitudes toward people infected with HIV. Three doctors, Guttorm Brattebo, Torben Wisborg, and Haakon Sjursen, conducted the survey which will be published next month in the British periodical PUBLIC HEALTH.

Toilet-Spread Infection

The survey shows that doctors and dentists have the best knowledge of HIV and that nurses and dentists do the best job of protecting themselves against infection. Some 14 percent of the nurses and 18 percent of the dentists thought HIV infection could be transmitted by using the toilet, which is not the case. There is also a good deal of ignorance about the value of testing among both nurses and dentists. But if nurses had the poorest knowledge, they were better than doctors with regard to protecting themselves against infection.

The most striking thing in the survey is the widespread and partially unfounded fear among all kinds of health workers. Almost two-thirds of the nurses thought they were in potentially infectious situations on a daily basis. Half the dentists and a good 40 percent of the doctors shared this belief. The risk of infection is regarded as so great by 10 percent of the nurses that they have considered changing jobs.

Public health director Thorbjorn Mork said the result is not surprising. "We are well aware that health personnel also have irrational fears and individuals must work on that themselves," he said. He called for discussion groups and other measures at hospitals to help individuals deal with their fears.

Debate Over AIDS Threat Continues

County Reducing Effort

54002526 Stockholm DAGENS NYHETER in Swedish
29 Aug 89 p 31

[Article by Pia Skagermark: "County Council Working Committee Being Discontinued; AIDS No Epidemic"]

[Text] The Stockholm county council AIDS committee is being discontinued. Goran Hammarsjo (Socialist Party), county councilor and chairman of the committee, feels that questions about AIDS should now be handled in the same routine manner as those concerning other infectious diseases.

Hammarsjo is also asking for an review of the almost 300 million kronor which the county council is planning to spend on AIDS and HIV-infection next year.

The county council AIDS committee has not met since December of last year.

"We have not had anything to discuss. In practice, we refer all AIDS-related matters to the regular health care committees. I am not as uncertain as a politician anymore. Nowadays we have both experience with and knowledge about the disease," Goran Hammarsjo said.

Infection Decreasing

The AIDS committee was formed in 1986, during a time when the disease was showing a strong increase and an uncontrollable spread of the infection. Today it seems rather as if the number of new AIDS cases is decreasing and AIDS is no longer considered an epidemic.

Johan Giesecke, an infectious disease specialist, feels that Goran Hammarsjo is making a correct decision in discontinuing the committee.

"In the middle of the 1980's, there were prognoses showing that the entire population of Sweden would have AIDS by 1998. They were not particularly well thought out. It was assumed that ordinary Swedes would become infected as fast as homosexual men in the United States."

Johan Giesecke feels instead that the spread of the infection, outside of the risk groups, is so slow that it is almost difficult to discern. Heterosexual persons will become infected, but not to the extent that was previously feared.

Half a Billion

"An agency that is set up during a time of crisis should be discontinued when the work is under control. In 1986, we were working with American prognoses," says Goran Hammarsjo, "but the development in Sweden was more moderate."

According to early estimates, the work with AIDS was going to cost almost half a billion per year by the end of the 1980's. This year 263 million have been set aside for the work. Some 10 million are not going to be used and will remain in reserve for next year.

"We must investigate whether the money is being used in the best way. There might be other areas within the healthcare system that are more in need of the money, especially in view of the crisis situation in which several hospitals find themselves."

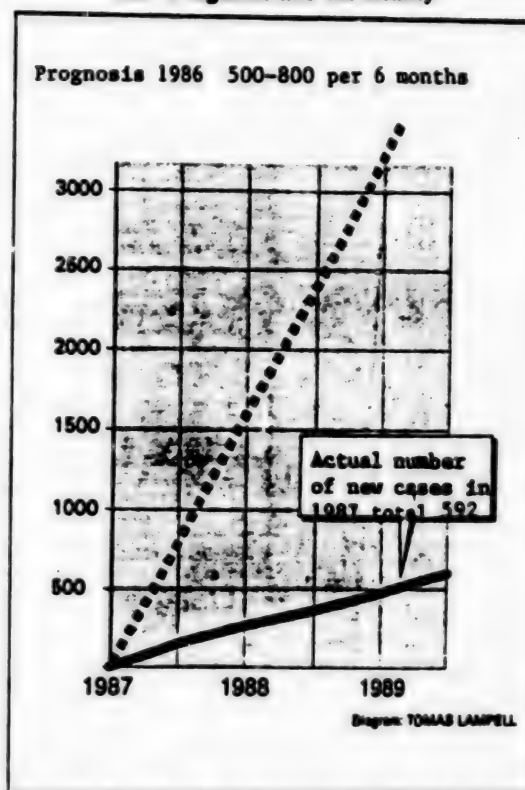
Goran Hammarsjo questions whether the sums being invested in AIDS should be allowed to increase year after year. Another 27 million, or close to 300 million, is budgeted next year for AIDS care and information.

"As long as I have no evidence to the contrary, I am going to assume that here is someplace we can save."

Reduced Spread

He does feel, however, that the money for the AIDS preventive work that has been spent so far, is the most important reason why the disease did not spread as

HIV Prognosis and the Reality



The feared AIDS epidemic never broke out in Sweden.
The 1986 prognosis never proved correct.

dramatically as was feared 4 years ago. Viveka Urwitz who is head of the group, The County Council Prevents AIDS, agrees.

"The Swedes have been guided by what the authorities tell them about the HIV-infection. That is why we have had a fairly moderate spread of the infection and it means high marks for all of us who are working on preventing AIDS."

Viveka Urwitz does not draw the conclusion, however, that the work should now be reduced in scope.

"Thanks to a concerted effort, people are saying that we are no longer needed. That is absurd."

The AIDS committee met three to four times a year before Goran Hammarsjo was appointed chairman last year. Marten Wallenstrom (Liberal Party) was secretary to the previous AIDS committee which was led by the then county councillor, Bo Konberg.

"It would be foolhardy to discontinue the committee," says Marten Wallenstrom. "The politicians must keep themselves informed about the disposition towards the spread of the infection. The committee will be needed even in the future."

Danger Seen Past

54002526 Stockholm DAGENS NYHETER in Swedish
30 Aug 89 p 31

[Article by Pia Skagermark: "Physician About the AIDS Curve: Campaigns Without Effect"]

[Text] There is nothing to prove that the AIDS prevention work on the part of the authorities has had any effect on the spread of the disease.

Neither the Stockholm county council nor the National Social Welfare Board can claim credit for the fact that the spread of the infection today is so minor that it is difficult to register statistically among people who are not members of the risk groups.

This was said by the county infectious disease specialist, Johan Giesecke, in view of the discontinuation of the county council AIDS committee.

The descending curve in the number of reported HIV cases, shown below, is both predictable and hard to influence, according to Giesecke.

"This is a 'normal' development in a disease of this type. No matter how physicians and authorities act, we see the same trend. There is a peak at the beginning of the epidemic and then a descending curve. The continued development of the disease is more uncertain, however."

Giesecke draws parallels with gonorrhea, where today only a small percentage of the population provides half of all those infected.

"That is not to say that the work on AIDS prevention is wasted. It was correct to make an all-out effort when the first dramatic reports about the disease were received."

Two Things Different

According to Giesecke there is no need for separate treatment today. That is why no longer having a special county council AIDS committee is the right thing, as the DAGENS NYHETER (DN) reported yesterday.

AIDS is a sexually transmittable disease like many others.

"Two things separate it from the rest: it is one of the least infectious diseases I know, and it is deadly."

Consequently, the fear of AIDS is still great and quite comprehensible. According to Giesecke, both physicians and decisionmakers were touched by the panic that spread in connection with the first AIDS prognoses in the middle of the 1980's.

"For my part, I was very concerned when I was going to test the first AIDS-patient in the country and blood spattered. We knew so little."

Johan Giesecke maintains, however, that he never believed in the early prognoses.

"They were based on absurd calculations. We knew that there were 100 infected people for each AIDS case among homosexual men in San Francisco. Consequently, we looked at how many people had become ill in Sweden and multiplied that by 100. Thereby we arrived at 10,000 unknown infected persons in Sweden and called it a prognosis...."

No Great Risk

Giesecke emphasizes that AIDS does not constitute a great risk for society today. On the other hand, nobody knows what will happen in 10 to 20 years.

"It is probably more dangerous to bicycle without a helmet on the streets of Stockholm than it is to have intercourse without a condom with your neighbor. However, if we are not careful today, we might have an epidemic in the future. Consequently, we have to beat the drum today for something which actually does not threaten us until perhaps 20 years from now."

The campaigns mentioned a great and present threat. Slogans such as "Tonight AIDS" and "Your turn tonight?" made 70-year-old ladies go in for HIV tests. Was the information exaggerated?

"Of course. I met a woman who wanted a test because she had drunk from the same glass as a person who had 'acted strange' at a party. The campaign was necessary, though, in order to imprint the disease on people's minds. The situation is different today. We can rethink the priorities for some of the considerable resources that were invested in the work on AIDS prevention."

Policy Change Decried

54002526 Stockholm DAGENS NYHETER in Swedish
31 Aug 89 p 38

[Article by Pia Skagermark: "Discontinuation of AIDS Committee Worrisome. 'Infection Must Be Monitored'"]

[Text] It is shortsighted and ill-advised to discontinue a central monitoring of the HIV-infection and AIDS.

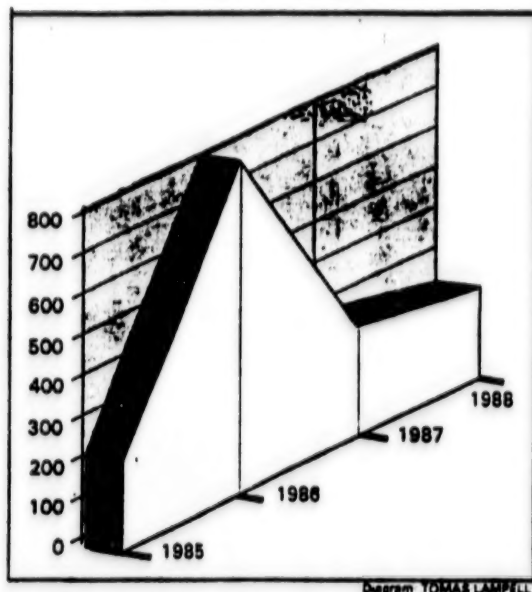
This criticism was voiced by both Bodil Langberg, the current head of the AIDS office at the National Social Welfare Board, and Robert Olin, her predecessor, on account of the proposed elimination of the county council AIDS committee.

Bodil Langberg does emphasize that the disease is no longer connected with social crisis and catastrophe. On the other hand, the infection still needs to be monitored.

"We are in the process of incorporating the AIDS work into the regular healthcare system and it is a difficult task. During this period we really need a politically appointed coordinating group in Stockholm."

According to Bodil Langberg, it is also important for the authorities to show people how important the question still is.

1 November 1985 a law came out stating that all HIV cases had to be reported. A massive number of cases—old and new—were registered.



The HIV curve in Stockholm County. Number of cases reported to the County Office of Infectious Diseases from November, 1985.

Politicians Being Warned

"By maintaining a special committee, the authorities demonstrate that they view the question seriously. County Councilor Goran Hammarsjo should bear this in mind, when he wants to discontinue the AIDS committee."

Bodil Langberg's predecessor as AIDS general, Robert Olin, warns that the politicians are staring themselves blind at the number of reported HIV-infected. There are not as many as previously feared.

"Those responsible must instead view the disease in perspective and make reasonable biological determinations. We might be hit with a new wave of HIV-infected people within 10 or 15 years, and we must not be caught unprepared. There has to be a central agency to monitor the AIDS situation in as large a county as Stockholm," according to Robert Olin.

Another View

Hasse Ytterberg, chairman of the National Association For Sexual Equality (RFSL) is drawing other conclusions from the discontinuation of the AIDS committee. Ytterberg feels that if economic resources can be made available, they should be spent on homosexual men.

"The report about the slow spread of the infection within the heterosexual population agrees with our view in the RFSL. It is men who have sex with other men who are especially at risk for becoming infected."

Ytterberg feels that it is natural that the authorities, after the first years of emergency, now want to transfer the work on HIV and AIDS to the regular healthcare system. However, homosexual men still need special support and pertinent information, according to Ytterberg.

Latest Aids Statistics Released

54002533a Stockholm DAGENS NYHETER in Swedish 7 Sep 89 p 37

["A Total of 209 Aids Cases in Stockholm"]

[Text] During the month of July, 18 HIV-infected persons were reported in the city and county of Stockholm to the National Bacteriological Laboratory. The figure for the entire country was 25. Four were women. The figure reflected a drop in the number of reported AIDS cases through the end of July to 209 persons in the city and the county, 87 of whom had died. For the entire country, the corresponding figures were 312 and 147, respectively.

Country's First Treatment Home for Aids Victims

54002533b Stockholm DAGENS NYHETER in Swedish 12 Sep 89 p 38

[Article by Astrid Johansson: "Aids Victims Given Treatment Home"]

[Text] At the turn of the year, the country's first treatment home for narcotics abusers with AIDS or preliminary stages of AIDS will be opened.

The home will be located at Eolshall in Malarhojden, south of Stockholm, and the idea is to receive patients there who are unable to manage on their own but who are not sufficiently ill to need hospital care.

The home, which will have eight beds, will have the entire country as a reception area. Norma, the foundation for AIDS-infected narcotics addicts, which expects to be subsidized by the state, municipalities and counties, will be liable for the costs of operation. However, a private insurance company will guarantee the economy for the first 2 years and will also sponsor evaluations, research, and staff welfare.

"The need for this kind of home is enormous, HIV-infected narcotics addicts are treated extremely badly," says Astri Brandell, a physician at Roslagstull Hospital. "For them, there is simply no adequate care at all today. One sometimes cries when forced to discharge them. Some of them find lodging in hotels or shelters, others sleep in stairways."

"They often neglect their symptoms, they have a poorly organized social contact network, and when subsequently things collapse for them, it is total collapse."

Insufficient

Out of the country's approximately 500 known HIV-infected narcotics addicts, well over 420 are located in

the county of Stockholm. About 50 of them have hitherto developed what physicians refer to as AIDS-related symptoms.

Astri Brandell does not believe that the eight treatment-home beds will suffice in the long run.

"The HIV-infection invaded abuser circles around 1983, and it then it took a couple of years for the first cases to start developing symptoms. The increase has not been more drastic in this group than among other groups, but the situation is, nevertheless, serious. Of course, we can expect more to become sick, and we must take into account a quite large number of still unexposed cases."

Not Permanent

Those who are admitted to the treatment home will be allowed to remain there for a few weeks or a few months, the treatment home is not envisaged as a permanent home, except in the case of a few exceptional cases. More simplified medical care, help with social contacts, assistance in finding housing and meaningful employment are the forms of assistance that will be offered.

This was pointed out by Eva Eggemar, spokeswoman for the Norna Foundation, at the presentation, last Monday, of the plans for the new treatment home on the premises of the Red Cross.

"It goes without saying that a facility such as this one ought to have been in operation long ago, but there has been great fear and ignorance."

The organizations RFHL (the National Association for Assistance to Medication Abusers), FMN (Parents Against Drugs), the Association of Friends Convictus and the Foundation Vallmotorp [Poppy Crofters] are behind the foundation. The board of Norna, moreover, includes people from the Insane Criminal Hospital Board, the Noah's Ark Foundation/Red Cross, Social Workers Against AIDS and Physicians Against AIDS.

The treatment home will be staffed round the clock, by nurses and people used to caring for abusers. Around 70 people have applied for the 12 jobs.

Insurance Company

The operating budget will amount to 5 million kronor, the cost of a bed (which municipalities and counties are expected to defray) will be twice the amount of other treatment homes, though only half the cost of a hospital bed. The foundation will receive economic assistance from the Skandia Insurance Company, which will be the insurer for the first 2 years, and which, moreover, will sponsor further education, evaluations, and research.

"Abusers around Sergels torg [Sergel Square] and its department stores cost insurance companies quite a lot of money," Arne Bogren of RFHL pointed out.

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DATE FILMED

2 January 1990